



Preparation of this data base was made possible in part by the financial support of the  
**National Institute of Chiropractic Research**  
 2950 North Seventh Street, Suite 200, Phoenix AZ 85014 USA  
 (602) 224-0296; www.nicr.org

## Notes on the History of Diagnosis in Chiropractic

word count: 25,600

filename: Diagnosis in Chiro 04/11/27

Joseph C. Keating, Jr., Ph.D.  
 6135 N. Central Avenue, Phoenix AZ 85012 USA  
 (602) 264-3182; JCKeating@aol.com

### Color Code:

Red & Magenta: questionable or uncertain information

Green: for emphasis

b>

Year/Volume Index to the *Journal of the National Chiropractic Association* (1949-1963), formerly *National Chiropractic Journal* (1939-1948), formerly *The Chiropractic Journal* (1933-1938), formerly *Journal of the International Chiropractic Congress* (1931-1932) and *Journal of the National Chiropractic Association* (1930-1932):

Year	Vol.	Year	Vol.	Year	Vol.	Year	Vol.
		1941	10	1951	21	1961	31
		1942	11	1952	22	1962	32
1933	1	1943	12	1953	23	1963	33
1934	3	1944	14	1954	24		
1935	4	1945	15	1955	25		
1936	5	1946	16	1956	26		
1937	6	1947	17	1957	27		
1938	7	1948	18	1958	28		
1939	8	1949	19	1959	29		
1940	9	1950	20	1960	30		

1897 (Jan): **The Chiropractic** (D.D. Palmer's advertiser) [No. 17] includes:

-“Can the new idea be learned?” (p. 1):

There are many who can learn and do just what we are doing - how to fix the human machine and make it run smooth.

How long will it take to learn what we know? That depends upon the ability of the student, how much they know of anatomy and how much attention he or she will give to the business. Some will learn it in a month; it will take others 3 months, and some would never make it a success. Those that can't learn to do what Dr. Palmer is doing in 3 months better not try.

To fix the human body when it is out of fix does not require any knowledge of medicine or chemistry, because we don't use either. We don't need to be skilled in the use of the knife or surgical instruments, as we do not use them; no outlay in cash for medicine or a surgeon's outfit.

What do we need to learn? We need to learn to **diagnose** quickly and correctly. Some knowledge of anatomy is needed. You will need to know the different parts of the human body and how they are when in their natural place. Every disease has its cause, and when once you find the cause of any one disease (not at ease) you will always know just where to find that same cause in any other case. You will need to learn how to repair this delicate piece of machinery. It is usually supposed that physicians know how to do this. They, as a class, know but little about adjusting this human frame. Look upon the street any day and you will see many cripples either made so or left in that condition by physicians.

What will it cost to learn? To any one whom we consider has the ability to learn and make it a success we will teach all we know and make him able to do all we can for \$500. In one to three months our students will know one hundred times more of

cause and cure of diseases than the medical man who spends three to five years' time and from \$1,000 to \$3,000. We will teach him to diagnose in one-tenth of the time it takes a medical man and one hundred times more certain. The cures will be made more permanent. He will not need to make a new disease, to cure another. If he patient should have two or more diseases they can all be treated at the same time. You can fix two or more causes at the same treatment.

If you know the disease you will know just where to look for the cause. If you look the sufferer over you will know pretty surely what disease he or she has. As one physicians said: “That is science; that is skill; that is knowledge.”

1905 (July 19): Wednesday; **Los Angeles Daily Times** page 1 story (from Russ Gibbons); includes testimony from Thomas Storey, D.C.'s trial in California:

Richsteiner declares the young woman was in the office when this took place.

### DOCTOR'S DENIAL

With regard to what occurred in the inner office Dr. Storey said:

“Richsteiner came into my office for treatment, and he was in a bad way. He sat down on the bench and I began to manipulate him.

“I diagnosed his case carefully and described his trouble. I told him I would cure him.

“Just as I turned around the fellow said, ‘I feel dizzy,’ and as he spoke he reeled and would have fallen had I not supported him.

“I called the lady attendant and we lifted the man onto the lounge and applied the batteries, but there was no result. I called a hack and sent him to his lodgings.

When asked if the man had been suspended in the harness the doctor answered “no.”

He declared he had only manipulated the man's vertebrae and had not struck him a blow on the neck.

Other charges hurled at Dr. Storey are that he is not a graduate of any college and that he has no license to practice.

1907: trial of Shegetaro Morikubo DC in LaCrosse WI (Rehm, 1986); **BJ** notes in **Conflicts Clarify** (Palmer, 1951, p. 94):

We are always mindful of those early days when UCA...used various expedients to defeat medical court prosecutions. We legally squirmed this way and that, here and there. We did not diagnose, treat, or cure disease. We analyzed, adjusted cause, and Innate in patient cured. All were professional matters of fact in science, therefore justifiable in legal use to defeat medical trials and convictions

1910 (April): Dye (1939, p. 224) writes:

....One of the ostensible reasons for the founding of the Universal Chiropractic college that I distinctly recall, being on the scene at

the time, in April, 1910, was that a more exhaustive study be made of Diagnosis in conjunction with the study of Symptomatology and Pathology. There also came a competition among the existing schools to incorporate these additional courses or subjects, or to have a more exhaustive course in the subjects then prevailing, so they could be in a position in their advertising of holding themselves out to prospective students as having the most superior course of all...

**1912?: Nostrums and Quackery.** Chicago: American Medical Association, 1912? includes a section concerning Chicago-based **American College of Mechano-Therapy** (pp. 480-6), of which **W.C. Schulze**, M.D. is dean; subjects taught include (pp. 481-2):

...Anatomy, Physiology, **Diagnosis**, Hygiene, Dietetics, Hydrotherapy, Manual Manipulation, Swedish Movements, Vibration, Oscillation, Mechanics (curative), Suggestive Therapeutics...Ethics, Establishment, Promotion and Business Methods...

1913 (Aug): **The American Drugless Healer** [3[4]: 324], published by the **American Chiropractic Association**: -notes "Consolidation" of **Palmer-Gregory** school with **St. Louis Chiropractic College** (pp. 75-6):

The **Palmer-Gregory Chiropractic College**, of Oklahoma City, Oklahoma, has moved to St. Louis, Mo., and has consolidated with the latest and best institution that is or ever has been organized for the purpose of teaching progressive Chiropractic viz., the **St. Louis Chiropractic College**.

The **St. Louis Chiropractic College** was incorporated under the laws of Missouri some months ago by L. William Ray, A.M., M.D., D.C., and three associates, and among the founders of this institution are some well qualified and able teachers.

The union of the **Palmer-Gregory College** with the **St. Louis College** brings to the assistance of the excellent faculty of the **St. Louis College** the personal services of Alva Emery Gregory, D.P., M.D., D.C., who is now recognized as the greatest teacher and the greatest editor and author in the Chiropractic profession...

-includes full-page add for SLCC (p 96):

**St. Louis Chiropractic College**

Incorporated and Chartered Under the Laws  
of the State of Missouri

IF YOU WANT TO SUCCEED as a Chiropractic Physician and be a progressive, modern, up-to-the-minute doctor and be popular with your patients and get the best results and cure the greatest number of patients in the shortest possible time you must know all the latest specific, painless spinal adjustment methods and at least four different auxiliary drugless rational methods of treatment, therefore become a student of the **ST. LOUIS CHIROPRACTIC COLLEGE AND RATIONAL THERAPY**.

Our full two years course of graded instruction covers Anatomy, Embryology, Histology, Physiology, Pathology, Symptomatology, Diagnosis, Neurology, Nerve Palpation and Nerve Tracing. We teach the latest methods of spinal adjustment and concussion. Our course leads to the degree of **DOCTOR OF CHIROPRACTIC AND RATIONAL THERAPY**.

Our course is so thorough that our graduates can pass the most critical examinations that may be given by any State Board for drugless physicians.

1915 (Oct 5): Wm R Molony MD, vice-president of CA **Board of Med Examiners** & Chairman of the College Investigating Committee writes to RA Ratledge, sec'y of **Ratledge Chiropractic College** re: "what the Board would expect of an approved Drugless School": anatomy 485 hours,

histology 115 hours, elementary chemistry and toxicology 70 hours, physiology 200 hours, elementary bacteriology 40 hours, hygiene 45 hours, pathology 150 hours, **diagnosis** 370 hours, manipulative and mechanical therapy 260 hours, gynecology 100 hours, obstetrics 165 hours, many other details; letterhead indicates **BME** members include Dean L **Tasker** DO of LA and WW Vanderburgh DO of SF (Ratledge papers-CCC/KC)

1915-1917: according to Sutherland (1985):

...Mr. Justice Hodgkins says:

Dr. Ernst **DuVal**, representing the **Canadian Chiropractic College** in Hamilton, explained in his submissions that:

Chiropractic is a unique science. It has nothing in common with any other method, class, school or cult, neither in its science, philosophy, art, doctrine or principle upon which it is based.

Dr. **DuVal** further stated:

Chiropractic does not claim to treat, cure or heal anything or anybody of ailments or diseases

and further:

Chiropractors have no earthly use for **diagnosis**, as such, for the practice of chiropractic is unlike the majority of the other healing professions, to whom diagnosis is a necessity...

Dr. B.J. Palmer reinforced these views during his presentation at one of the Commission's sessions and is reported by Mr. Justice Hodgins to have said, in respect to bacteriology:

The chiropractor did not believe in bacteria, and that bacteriology was the greatest of all gigantic farces ever invented for ignorance and incompetency, and as to analysis of blood and urine, he considered it of no value.

After hearing the chiropractors' presentation and weighing all the evidence submitted to him, the Commissioner reported:

Those who appeared before me saw no necessity for preparatory qualifications, ridiculed and repudiated **diagnosis**, bacteriology and chemistry; admitted that a chiropractor acts in all cases upon his cardinal principle, without examination.

Mr. Justice Hodgins, in announcing his decision, stated that he could not accept:

a system which denies the need of **diagnosis**, refers 95 per cent of disease to one and the same cause, and turns its back resolutely upon all modern scientific methods as being founded on nothing and unworthy even to be discussed...

1916 (Mar 8?Apr 8?): **Fountain Head News** [5(9)] includes:

- "A Challenge - in Three Acts" (pp. 7-10) provides a reprint of an investigation of three chiropractic schools in Davenport: PSC, **UCC** and the Davenport College of Chiropractic which appeared in the **JAMA**, 12/25/15 issue; notes that the **UCC** building is "fair size," but there are only two classrooms; 135 students enrolled; only two microscopes; that there is no access to hospitals; no dispensary facilities; that only a "common school" education is required for admission; that dissection is limited to "a few dogs"; that embryology, bacteriology, pharmacology, microscopic **diagnosis**, pediatrics, gynecology and surgical anatomy are not taught; that physiology and physiological chemistry are taught only by lecture...

1916: Leo J. **Steinbach** graduates from UCC in first 18-month program, joins faculty and "organized a course in physical diagnosis" (Rehm, 1980, pp. 296-7)

1917: William Charles Schulze, M.D., D.C. authors **A Text Book of the Diseases of Women: a Guide to Their Diagnosis and Their Treatment by Physiological Therapeutics; For the Use of Students and Practitioners**; Chicago: National Publishing Association, 1917 (address is 425 S. Ashland Blvd); copy available from Robert B. Jackson, DC; photocopy in LACC Rare Books room; the Preface notes (p. 5):

The author makes no claim of exclusiveness or infallibility for the methods of treatment outlined. The remarkable clinical successes which have accompanied these non-sanguinous measures can readily be proved at the hands of any practitioner who will use them...

In conclusion, the author expresses the hope that this work may contribute something to the conservative treatment of the ailments of womankind, so that the knife may become more and more a question of last resort, even as drug medication has already been practically abandoned.

1918: **Report and Supporting Statements on Medical Education in Ontario, 1917** is published in Toronto (Report, 1918); includes (pp. 124-31):

...There is one school of chiropractic in Ontario, situated in Hamilton...

One of the difficulties in dealing with chiropractic is its exclusive and unusual quality. In the address made before me by Dr. E. DuVal, who conducts the **Canadian Chiropractic College** in Hamilton, he says:

"...Chiropractic does not claim to treat, cure or heal anything or anybody of ailments or diseases.

"The chiropractor does not concern himself with...the consideration of effects: the all-important thing for him is to locate and remove the cause, regardless of the effect."

...Dr. DuVal adds... As to **diagnosis**, the following explanation is given:

"Chiropractors have no early use for **diagnosis**, as such, for the practice of chiropractic is unlike the majority of the other healing professions, to whom diagnosis is a necessity, because of their having to administer the right medicine for the right disease, and therefore it becomes imperative to have a correct diagnosis of the conditions on account of the danger involved in administering the wrong medicine, which might prove disastrous. But it is not so with the chiropractor, whose system involves only the removal of the cause of the disease, and that being always the same and requiring no dangerous drugs, diagnosis, therefore, becomes useless, except that he, as well as others, must know sufficient of symptoms and diagnosis for the purpose of differentiating between contagious and non-contagious diseases, not to assist or guide him in his work, but to conform to the laws of the several Boards of Health, who require that contagious cases be reported, more fully investigated, and, if necessary, isolated."

1918 (Aug 24): **FHN** [A.C. 23]; 7(50) notes:

-letter from Sylva L. Ashworth, D.C. to **BJ Palmer**: (pp. 5-6)  
Lincoln, Neb., June 13, 1918

Dear B.J.:

A complaint has been filed against Aerni, Edwards and I, charging that we are employing unlicensed **CHIROPRACTORS**. **Is the A.M.A. more unreasonable?** I think not. In fact I think it is a trick of the A.M.A. How some people can be deluded. I have talked with numerous politicians on this subject and they all say the same thing. Nothing will please the A.M.A. better than such proceedings. These complaints are filed with the Board, not in court.

In the Walsh case Daddy made the mistake of saying he still didn't know whether the case was smallpox or not. Dr. Chapman and Dr. Wild, City Supt. of Health and State Bacteriologist, an Assistant of the Board of Health and myself testified it was smallpox, each having examined him. But we also proved the **CHIROPRACTIC** hastened the development of the disease and sometimes obliterated the symptoms to such an extent that the eruption did not appear. Chapman testified the man looked like he had been broken out a week and a lady who had seen him three days previous to the time Chapman saw him testified that he had no eruption at that time. I also testified to the fact that doctors made mistakes in diagnosis, called Chapman's attention to a case of Small-pox which Chapman and five other doctors pronounced Chickenpox. Case was not quarantined just a card on the door. I visited the case made a friendly call. Chapman said yes he remembered the case. It was a very difficult case to diagnose. He also said he thought I had belittled myself by testifying that Smallpox could not be detected in 48 hours to several days in some cases. He said I had always reported my cases in less than 24 hours. In fact, sooner than any one else. That he had said a number of times that I was the best **diagnostician** in this city- and me a Chiropractor.

I must close and make some calls. Your sincere friend.

SYLVA L. ASHWORTH, D.C.

P.S. How soon we forget that we are fighting for the principals [sic] of Democracy and Universal Brotherhood. I'm sorry.

1919 (Nov 8): **Fountain Head News** (Vol. 9, No. 8) reports 8th anniversary of **LACC**, war between Drs. **Cale** and **Ratledge** (FHN, 1919); news item dated 1/18/1919 (p. 1):

-reprint from **The Los Angeles Chiropractor**, of July, 1919, which is published by the **LACC** (p. 16):

PURE CHIROPRACTIC

The Los Angeles College of Chiropractic teaches specific, pure, unalloyed Chiropractic. Each student is furnished enough patients so that he gives five hundred adjustments before he is given a diploma. This insures proficiency and competency. Our graduates are taking first ranks as skilful adjusters in every community where they are located. At the same time, we also make our graduates able to **diagnose** and we make them proficient in the use of all natural agencies such as water, food, heat; electricity and manual and mechanical means and manipulations.

1919: Henry Lindlahr MD "had a nature cure sanitarium near Chicago...He wrote *Irisdiagnosis and other diagnostic methods*, 1st Edition 1919" (Jensen, 1976, p. iv)

1920 (Mar 13): **Fountain Head News** [A.C. 25] [9(26)] includes:

-letter to Wm. Yohann DC of Yakima WA from **Kelly C. Robinson** DC, "Vice-Dean" of the "**Carver School of Chiropractic**" in Oklahoma City (p. 4):

Dear Doctor:

The circulars we sent you returned with your message "You are a darn liar," for which we thank you.

We admit that somebody has lied, but since it was neither you (so far as we know), nor the man credited with it (so far as you know), we wish to congratulate you on the observance and the **diagnosis** which you have made. We would like now very much to have your prognosis.

However, aside from jocularly, we wish to call it to your attention that D.D. Palmer, the discoverer of the principle, which, when developed, became Chiropractic, was a friend and associate or acquaintance of Willard **Carver** at the time of his discovery, lived near him at the time, and notified him directly and



personally of this discovery, from which time, Dr. Carver has been a student of the thought, discovery or principle which we today cherish and call Chiropractic. History bears out this statement.

You may say it is a "darn lie," but suppose you give us proof instead of conclusions, for the stating of a conclusion is never considered good answer. To answer a thing is to give its process, its conduct, that its final ultimate may be understood.

Thanking you again for your interest and inviting your further communications, we remain, Yours truly and Chiropractically,...

1922 (Dec): **National (College) Journal of Chiropractic** [11(5)] publishes:

-W.J. McCartney DC authors "Housecleaning from another angle" describes himself as a technically "straight" chiropractor, but (pp. 4-7):

...To my mind, and I am sure to a great many others, there is no such thing as an absolutely "straight" and finally settled philosophy. That is to say, our philosophy is as yet so young - and is in that process of development where as yet it is not possible to judge a man entirely as to his "orthodoxy" by what we now know, except on a few points that are demonstrable facts upon which all are most certainly agreed, regardless of school training. I hold no brief for Dr. Palmer nor for any one opposed to him, and I am writing this in a strictly impartial spirit as my honest opinion with respect to a very grave matter; so grave, in fact, as to deserve more than a passing thought, or perhaps a lot of senseless, silly enthusiasm....

Dr. Palmer seems to think that no one is to blame for our present condition as he describes it but the mixer. I concede that the mixer is without doubt greatly responsible, but not entirely the cause...

...I do not think that the public at large is concerned in the least whether a man is straight or a mixer. If anything, and I am ashamed to acknowledge the fact, for, like Dr. Palmer, personally I have absolutely no use for the mixer, the general public, strange to say, seems to be decidedly in favor of the mixer, and considers the straight man from whatever school as more or less of a rabid fool. And I do not know but what the public, in very many ways, is right, for many so-called straight chiropractors seem to be absolutely devoid of ordinary reason and good common-sense about which they talk so much, but never practice....I have known the heads of certain schools who actually go so far as to say that they prefer as students the blank, unlettered, unlearned and untrained minds, as they usually make the best chiropractors, knowing full well the impossibility of getting trained minds to follow their foolish philosophies. This is not fiction, but a fact. Could anything be more disgusting or preposterous! In the name of all that is good, when will we forsake such nonsense? That is what is killing us, this seeming encouragement of ignorance. The public, as it expresses itself through the magazines as it has done of late and will continue to do until we have some sort of respectable unity within our ranks, is concerned for the most part over the vain babblings of those who say that there is no need of chemistry, physics, physical diagnosis, pathology or anything of the sort; that there is no need of quarantine or health laws; that there is no need of license or regulation; that there is no need of other doctors; that there is no need of observing any kind of rule or regulation, divine or otherwise, with regard to health, so long as you take adjustments; that there is no need of having a diseased appendix operated; that it is not necessary to get plenty of good food, rest, fresh air and sunshine and the like in connection with adjustments in order to get well; that adjustments will cure everything from corns to lice; that this is no good; that that is no

good, *ad infinitum*, *ad nauseam*, and then some, that makes us the laughing stock of scientific men and the public at large.

It is the taking of cases by both straights and mixers that cannot possibly be helped by adjustments, and deceiving the helpless in just such instances, that the public is becoming disgusted with and rightly. Make no mistake about it. It is foolish philosophy of some of us and our money-grabbing propensities that the public cannot and will not swallow; so that it becomes not so much a question with them of straight or mixing, but of lying chiropractors....

...A lot of that to which many now hold is nothing more than plain nonsense - and I challenge any one to prove the contrary. Get as mad as you please; the fact remains that outside of the basic proven facts upon which there is general agreement, much is speculation and yet this very thing is at the bottom of much of the misery and bad feeling within our ranks. We must agree among ourselves before we can command the respect of the world, and we can never agree among ourselves as long as so much of the silly piffle that is put forth by this school or by that school as chiropractic philosophy is believed in as gospel truth by so many. About all the advance that we have made in the last few years is the continual harping on this and that school about what they have done for the advancement of the science, whereas they have done practically nothing to give new names to a lot of old things. It does seem that whatever real progress has been made in all scientific and professional lines has been made by the members of the profession themselves. We will never be what we ought to be until we learn to think for ourselves and not follow the ready-made opinions of others. God speed that day when the qualifications for becoming a chiropractor will be such that only those that know how to think and think right will be desired in the profession, and when there shall be an end to the idea that the most ignorant make the best chiropractors, and that only a minimum of preliminary education should be required of those who intend to study our science. Unless we go up, we must go down. A profession that thrives on ignorance cannot long survive...

1923 (Feb): **National (College) Journal of Chiropractic** [11(6)]:

-Frank R. Margetts, LL.B., D.C. has ad as consultant from his office at 1203 Marion Street, Denver; notes that he has been "Faculty Member, Field Lecturer, and formerly Professor of Clinic, Physical Diagnosis and Symptomatology, National College of Chiropractic, Chicago" (rear cover)

1923 (July 6): letter to Stanley Hayes DC, at 3144 N. California Ave., Chicago, from Frank W. Elliott DC, Treasurer and Business Manager of the **Universal Chiropractors' Association** on UCA stationery (Hayes collection; in my Elliott folder):

Dear Doctor:

You certainly have been incorrectly informed by some one telling you that the UCA would not permit a Chiropractor to become a member of the UCA.

The first question you ask, viz., "Does the UCA protect any Chiropractor holding an O.P. license, etc.?" Any Chiropractor holding an O.P. license will be protected by the UCA. Dr. Seubold of Chicago is a shining example of one and he has been honored by being elected Vice President of this Association. One holding a license to practice without drugs or surgery, according to the laws of your state and for which you hold a license could not or would not be arrested for practicing medicine if he employed the means that you indicate in your letter and the UCA.

would have no difficulty in defending such a member in such a case.

I do not know whether you intend to ask the question whether one who does not hold a license would be protected for doing the things we do not consider straight chiropractic. Our position on this matter is that **any instrument or device used to make a diagnosis comes under the term of the medical practice act**. We have defended Chiropractors thus charged until they are proven guilty, then, of course, we can not defend them. It is manifestly shown in the charges that the person so injured as the result of a percussion hammer or a stretching machine, that the **UCA** would feel at liberty not to handle these cases.

There can be no fixed rule in answer to your question on individual cases; these must be considered on their merits.

Very truly yours,...

1924 (Aug): **Bulletin of the ACA** [1(3)]:

- "Editorial: the better part" by J. Lewis Fenner DC (pp. 4-5):

We have been interested in the leading editorial in a current issue of **The Chiropractic Digest**, house organ of the **Texas Chiropractic College**, which says - "Chiropractic is an exact science, just as exact as mathematics." The burden of the argument throughout the editorial being that failures in chiropractic are due to securing additional information from the patient as the history of the case and applying this knowledge as well as that gained from the chiropractor's personal analysis.

He says further - "Scientific chiropractors, and more of them, is what the world needs. Let your thermometer be the back of your hand; your stethoscope your highly trained, sensitive finger tips; your stimulative and inhibitive potions your chiropractic thrust. Let the spine tell you the story."

Now, if measuring the fever of a patient with the back of your hand were an exact science, and if it were possible to listen to the heart-beat or the respiration thru finger tips, be they ever so highly trained and sensitive, and if the spine could possibly tell the whole story, there might be some sense to this argument. As it stands, the whole thing is the veriest drivel, notwithstanding that we have the highest respect for the man who wrote this editorial, and often find his ideas sound and valuable.

It is quite absurd to say that chiropractic is as much an exact science as mathematics. Most chiropractors depend for their analysis upon palpation, which is not a science at all, purely an art. Methods of confirming palpation, such as the X-Ray are far from scientific and the readings of the pictures produced by these photographs is purely an art, subject to all of the inaccuracies, failures and mistakes that are common to humanity everywhere. We think it is not needed to comment further upon the scientific value of the back of the hand as a thermometer, or of the finger tips as a stethoscope.

Chiropractic is indeed a wonderful healing method, the most wonderful in the world. But that does not justify the condemnation of other methods, nor the relegation of anything else to the scrap heap. Chiropractic has a certain scientific value as we all know, but there are many things claimed for it that have not been proven by the exact methods required to make such proof acceptable to science, and any statement that chiropractic is as much an exact science as mathematics is on a par with the childish palaver that we hear from certain other quarters with regard to "scientific medicine."

The soonest way to secure the recognition of chiropractic among sensible people for the value which it really possesses, is to acknowledge it ourselves, for just what it is and to cease making absurd and flagrant and extravagant claims. I am sure no one thinks less of the United States because it does not cover the entire globe. No one, I am sure, honors Coolidge any the less

because he is not the only President the United States ever had. Isn't it true that medicine would have the respect of the people in a far greater measure, if they did not make such unwholesome claims about being all-inclusive?

For the good of ourselves, if not for the good of the rest of the world, and for the sake of truth and common honesty, **let us desist from any tendency to overstate the case. A tendency toward conservatism will take us much farther.**

1925 (Mar): **Chirogram**, published by **LACC**, reports:

-article by **Charles H. Wood** re: his new device: "The **diagnostic neurometer**, now called the **vibrometer**", which he co-invented with Harold HU Cross PhD, ME; a technical article in contrast with 12/24 issue's clinical focus (p. 2) (Wood, 1925a)

It was during the period of time that Dr. Cross was with the college that the writer attempted to make an electrical machine that could be used for the purpose of finding nerve impingements and spinal reflexes. Dr. Cross and myself experimented for about eighteen months with various electrical modalities, with the idea of discovering some way to make a machine that would be useful to Chiropractors and we were able to use the high frequency apparatus as well as the sinusoidal current and accurately determine nerve pressures. The work that we were doing at that time was discontinued because we felt that the time was inopportune for the use of machines, as there was much opposition throughout the Chiropractic field against anything that could be considered 'mixing', and I, as a school man, could not afford to incur the ill-will of the Chiropractor in the field, who was so violently opposed to the use of anything that savored of **diagnosis**, and indeed, I am pleased the BJ came out for the Neuro-Calorimeter, as his position on this matter but opens up the way for a broader and more progressive Chiropractic.

-Advertisement: "The diagnostic neuro-meter" with **photo of monkey** (p. 8; Advertisement, 1925):

THE DIAGNOSTIC-NEURO-METER, invented by Dr **CH Wood**, now called diagnostic Vibro-Meter, DEMON-STRATES DEFINITIVE ANATOMICAL and PHYSIOLOGICAL LAWS. It is a machine made and used for the purpose of locating impingements of nerves any place in the human body.

It Positively Proves the theory of nerve impingements due to subluxations of vertebra, and can demonstrate this conclusively, proving its capabilities by doing work that no other machine can do, and further will convince by its power of detecting impinged nerves that the philosophy of Chiropractic is correct.

#### MEASURES RESISTANCE

The Diagnostic Vibro-meter is not a heat registering machine, but measures resistance of the nerve, or nerves that are impinged. It is an electrical machine and not a thermo-couple-galvanometer device and does not infringe in ANY way on ANY machine now on the market. It demonstrates that subluxations of the vertebra, impinging on nerves, alter the rates of vibrations of such nerves, thereby causing mal-function of certain organs and tissues.

#### AMAZING FACTS

The Diagnostic Vibro-meter proves that only an adjustment will remove the impingements and is the only machine now used for the purpose of spinal diagnosis that will definitely prove the above facts. The thermo-couple-galvanometer devices only record surface temperature and the readings from the patient's back can be altered by massage along the spine; by use of the Thermo-Lamp, by hot packs, and the many electrical modalities. This is readily demonstrable to anyone who will investigate.

#### PREVENTS MAL-ADJUSTMENT

The Diagnosis Vibro-meter readings can be altered only by a real adjustment, and any other method of treatment applied to the spine will not alter the readings of the machine. It positively picks majors and eliminates the possibility of over-adjusting -- or mal-adjusting; thus increasing the efficiency of the Doctor.

#### INVESTIGATE

A comparison with all other machines used for a like purpose is welcomed by the manufacturers, and requests to demonstrate to any body of scientific men will be welcomed.

Satisfy yourself. You are not asked to accept this machine until every claim we make for it has been absolutely proven. We will readily appreciate an opportunity to prove, beyond any question, that the Diagnostic Vibro-meter is the most accurate and reliable of any machine used for a like purpose."

For information write or phone

Dr. CH Wood,

918 W. 16th St., Los Angeles, Cal.

1925 (Dec): **The Oregon Chiropractor** [1(11)], published by Oregon Chiropractic Association, includes:

- "Wisconsin" (pp. 6-7):

Wisconsin has at last been successful in securing chiropractic recognition. **The U.C.A. made every effort to prevent the passage of any law favoring chiropractic.** Not only was the chiropractic bill passed but the "basic science" act was also made a law. Any one who now desires to practice any branch of healing in Wisconsin must pass an examination before a board of regents on anatomy, physiology, diagnosis, pathology and chemistry and obtain a certificate from said board before they are accepted for examination by either the medical, chiropractic, osteopathic or dentistry boards. This new law also bars any one from practicing any branch of therapeutics in Wisconsin unless licensed by one of the present licensing boards. Wisconsin is but one of many states who have started a "house cleaning." The board of regents examining on the basic sciences is composed of three medical men, two chiropractors and two osteopaths. A measure similar to this will be introduced in the Washington legislature at this session. As to what will happen in Oregon, "deponent sayeth not." The Wisconsin law will not effect [sic] or alter the status of any one who is licensed to practice at the time the act becomes effective. We desire at this time to assure our readers that any bill passed by the next Oregon Legislature will not, in any way, affect the present status of any licensed practitioner in this state.

1926 (Nov): **The Hawkeye Chiropractor** [1(11)], edited by James E. Slocum, D.C. of Webster City IA, includes:

- "News bits" (p. 6); reprinted from the **Cornhusker Chiropractor**:

Connecticut. - A law enacted this year provides a state board of healing arts of three members, none of whom shall have received a degree from any school teaching any of the healing arts or be an employee of any kind of hospital. A high school graduate who submits satisfactory evidence that he is of good moral character and pays a fee of \$5 may appear for **written examination in anatomy, physiology, hygiene, pathology and diagnosis** before the state board of healing arts, and if he shows a comprehensive knowledge of these subjects he will receive a certificate permitting him to be examined by the Connecticut Medical Examining Board, or the Connecticut Eclectic Medical Examining Board, or the Connecticut Board of Osteopathic Registration and Examination, or the Connecticut Chiropractic Examiners, or the Connecticut Board of Naturopathic Examiners. The Connecticut State Board of Healing Arts will also act as a grievance committee to hear complaints against any person practicing any of the healing arts and, after a hearing, will present

a statement of the charges against any practitioner to the attorney general who, if it seems advisable, shall bring an action based on the charges in the superior court. The court may then order the license of said person revoked, or take such action as it may deem equitable...

1927: **Schedule for Colorado Chiropractic University, 1927 Post Graduate Course**; school located at 14th Street and Cleveland Place, Denver; faculty include (from Cleveland papers, CCC/KC; in my Beatty/UNHA folder):

\*Dr. F.I. Furry, Orificial Correction & Obstetrics

\*H.G. Beatty DC, **Physical Diagnosis**, Practice Clinic

\*Dr. W.H. Easter, Electro-therapy

\*Dr. J.W. Vernon, Iridiagnosis

\*Willard Carver LLB, DC, Chiropractic Science & Art

\*Mrs. C.W. Cooper, Parliamentary Drill

1927 (Mar): **Bulletin of the ACA** [4(2)]:

- **RESEARCH BULLETINS IN CHIROPRACTIC COLLEGES** (p. 8)

As a result of the editorial article, in the January **Bulletin**, regarding the use of the "**Bulletins of the Research Bureau of the ACA**" in the classes of the **Eastern College of Chiropractic**, we are advised by Dr. Grant P. Maxwell, Dean of the **West Coast College of Chiropractic**, that the institution considers the Research Bulletins an invaluable part of their course in **diagnosis** and analysis and that they have used them continuously since the first number. Dr. Maxwell adds that the students at that college, practically all of whom are members of the **ACA**, consider the Research Bureau work one of the most important functions of the association."

1927 (Sept 7): Wayne Crider (1936), president of the **NCA Council of State Examining Boards**, Hagerstown MD, notes of **ICC's** Memphis TN meeting in 1927:

Standard curricula was first brought to the fore by a resolution adopted by the **International Congress of Chiropractic Examining Boards** on Sept. 10, 1926, at Kansas City, wherein the schools and colleges were requested to form an organization as early as practical, and also that this association establish a standard curricula upon which the State Examining Boards could base their recognition.

The outcome was the formation of the **Congress of School Heads** on Sept. 7, 1927, whose secretary, on Sept. 8th, filed a report on recommendations with the Boards. During this same meeting a committee, composed of Drs. Harry **Vedder** of the **Lincoln College** and Bera Smith of **Carver College**, made further recommendations. Both reports were adopted. The substance of the reports was, 'that 2000 hours with a minimum of three hours per day and not over eight hours per day to be the minimum number of months of three years of six months each.' Unanimously carried. It was later reconsidered and the following addition adopted:

"BE IT RESOLVED: That the International Congress classify the major subjects such as Anatomy, Physiology, Histology, Symptomatology, or Diagnosis, Principles of Chiropractic and Chiropractic Art.

"BE IT FURTHER RESOLVED: That the Congress defer for further investigation by thier School Classification Committee a definite commitment of the number of hours and the sub-classifications under these major subjects.

"BE IT FURTHER RESOLVED: That the Board of Directors of School Investigation Committee of the Congress be given power to act and instructed to consummate their conclusions at the



earliest possible moment. The resolution was adopted unanimously."

Elementary Bacteriology and Chemistry were added at the Denver meeting, July, 1930. The Congress felt justifiably pleased with its efforts which met with general approval.

1927: pamphlet published by **American College of Chiropractors**, Waldorf-Astoria, New York NY: "Medical Education versus Chiropractic Education, National Publicity Series No. 3" lists dates of license law enactments in various states (Ratledge papers-CCC/KC Archives):

**CHIROPRACTIC EDUCATION  
VERSUS  
MEDICAL EDUCATION**

*A Scientific Comparison Based on the Latest Available Authorities*

The Practice of Medicine is regulated by law in 48 states	The Practice of Chiropractic is regulated by law in 38 states
Pre-Requisite education: Four years of high school or equivalent and two years of college.	Pre-Requisite education: Four years of high school or the equivalent
Minimum course of study necessary for medical schools to be registered or accredited by the Board of Regents of New York State, consists of 3600 class hours, distributed as follows:	Minimum course of study necessary for chiropractic schools to be rated as Class A Schools by the American College of Chiropractors, consists of 3528 class hours, distributed as follows:
ANATOMY, including gross anatomy, histology, and embryology 648 Hours	ANATOMY, including gross anatomy, embryology, histology and orthopedy. 955 Hours
PHYSIOLOGY and Chemistry 432	PHYSIOLOGY and CHEMISTRY, including physiology, biological and physiological chemistry, toxicology, urinalysis and dietetics. 380
PATHOLOGY, including gross pathology, pathological histology and Bacteriology. 432	PATHOLOGY, including gross pathology, pathological histology and Bacteriology. 300
HYGIENE 108	HYGIENE, including public health and public health service 100
PHARMACOLOGY and THERAPEUTICS 216	<b>DIAGNOSIS</b> or ANALYSIS, including spinography (x-ray). 430
OBSTETRICS and GYNECOLOGY. 252	OBSTETRICS and GYNECOLOGY. 100

MEDICINE, including pediatrics, nervous and mental diseases, dermatology and syphilis, medical jurisprudence. 900	CHIROPRACTIC, including Chiropractic symptomatology, Chiropractic principles and practice. Chiropractic palpation and adjusting. Chiropractic jurisprudence. Contagious and infectious diseases. Eye, ear, nose and throat. Dermatology. 1147
SURGERY, including orthopedics, genito-urinary, ophthalmology, otology, laryngology, rhinology, roentgenology. 612	ELECTIVE SUBJECT or SUBJECTS 116
Total class hours, all subjects 3600	Total class hours, all subjects 3528

*The medical curriculum shown above is reproduced from page 59 of the University of the State of New York's Handbook No. 9, Laws and Rules of Higher Education in Medicine, June, 1926. 73 medical schools in the United States are registered under these Rules. (Hospital internship is not a requirement of these Rules.)*

1928 (Aug): **Lincoln Bulletin** includes:

"Prior Arts Rights" by **Stanley Hayes** DC, reprinted from the **West Virginia Bulletin** (pp. 1-4); in foreword to article the **Lincoln Bulletin** notes:

....The Lincoln College never has, does not now, nor has it any intention of teaching Physiotherapy, although we do stress Diet, and **Diagnosis**. We feel that we have our hands full in teaching Chiropractic. As we have repeatedly stated, we feel that the use of adjuncts by the Chiropractor is a personal matter which he should be permitted to decide in his own practice without being subject to ridicule or condemnation...

1928 (Dec): **The California Chiropractor** (1[6]), edited by CH Davis and published by the Chiropractic Publishing Company at Pasadena CA, publishes:

ad for **"Logan & Logan**, D's. C., X-Ray Diagnosis, Anatomical Adjustors, Nerve Release Specialists, Loew's State Building, 707 South Broadway, Suite 621-622, Los Angeles" (p. 29)

1929 (Apr): **Chirogram** includes:

Dr. PA Mullikin writes in article entitled "Chiropractic Situation" that (p. 1):

After a careful spinal analysis, NCM reading and Nerv-O-Meter test and my deductions oked by a proper medical diagnosis, I have come to the conclusion that our growing pains will continue indefinitely or until the time ancestral worship is discontinued in our ranks. It seems that any new idea unless sponsored by the group, clique or school one is associated with is taboo. Complete ostracizement from our Alma Mater will follow the least infringement of this inherited code...

We hear a great deal of the narrow mindedness, condemnation before investigation, etc., as regards our brother the M.D. While the condemnation of the mixer by the so-called straight seems to be the thorn in the side of the Chiropractic movement in California...

....Let us have **larger colleges** with complete curriculum and matriculation restrictions that will necessitate students entering the profession as a life work instead as an easy means of support in their declining years. Then and only then our growing pains will stop taking on the proportions of a pernicious malady.

1929 (May): Clinical Record Report of Research Bureau, American Chiropractic Association (6[5]) (National College Special Collection):

# REVIEW OF FIVE YEARS CLINICAL RESEARCH HISTORY

Realizing the fact that chiropractic possessed no clinical statistics which were authoritative; that there existed a growing tendency on the part of many members of the profession to accept without question all the extravagant claims made by those unqualified and untrained in diagnosis; that the public was growing skeptical of chiropractic because of these baseless and unwarranted statements, Dr. L.J. **Steinbach** in 1923 proposed to the American Chiropractic Association that as a part of its avowed

policy of scientific progress in chiropractic, a Bureau of Research should be instituted at once charged with the duty of collecting and co-ordinating all the facts, figures and other pertinent matters pertaining thereto, of those diseases coming within the purview of chiropractic. Appreciating the wisdom of such a proposal, the Directors readily agreed and forthwith authorized the establishment of the Bureau of Research.

It then became necessary, in order to insure absolute accuracy of the statistics, that contributing members of the Bureau be chosen with extreme care. Dr. Steinbach was persuaded to accept the chairmanship of the Bureau and after some months of investigation and careful discrimination, assembled a group of 75 chiropractors selected for their experience, **diagnostic** ability, intellectual honesty, and interest in scientific chiropractic, to serve as his colleagues in this work. On January 1st, 1924 the first Clinical Report, dealing with Bronchitis, was issued. This date marks an epoch in the advancement of scientific chiropractic...

**Table:** Results of a survey conducted by the Lincoln Chiropractic College in 1930 (Turner, 1931, pp. 208-11)

Survey Questions	% Yes	Yes	No	Total
1. Is your examination confined to the spine?	18%	345	1538	1883
2. Do you question your patients about subjective symptoms (abnormal symptoms)?	95%	1773	88	1861
3. Do you investigate objective symptoms (through inspection, palpation, percussion, auscultation, etc., other than the spine)?	86%	1608	261	1869
4. Do you examine the heart and pulse?	86%	1581	257	1838
5. Do you employ a spinal meter instrument (either resistance type or thermo-couple type)?	35%	657	1205	1862
6. Do you use any of the various types of "radionics" equipment?	16%	299	1560	1859
7. Do you take the blood pressure?	77%	1449	422	1871
8. Do you use the clinical thermometer?	78%	1462	411	1873
9. Do you employ urinalysis?	78%	1465	419	1884
10. Do you advise your patients as to diet?	89%	1656	211	1867
11. Do you advise as to exercise, habits, etc.?	88%	1647	220	1867
12. Do you employ massage?	55%	1004	817	1821
13. Do you use a vibrator?	28%	541	1352	1893
14. Do you employ a heat lamp?	48%	895	966	1861
15. Do you employ radionics?	16%	302	1562	1864
16. Do you use "light therapy"?	37%	685	1173	1858
17. Do you employ any form of "electro-therapy"?	32%	603	1257	1860
18. Do you employ any form of "hydro-therapy" (baths, enemas, colonic irrigation, etc.)?	40%	743	1124	1876
19. Do you practice "foot correction"?	49%	902	954	1856
20. Do you give spinal adjustments to every case?	82%	1563	330	1893
21. Do you favor chiropractic schools teaching diagnostic methods	90%	1704	179	1883
22. Do you favor chiropractic schools teaching "light therapy"?	54%	975	831	1806
23. Do you favor chiropractic schools teaching "hydro-therapy"?	56%	991	788	1779
24. Do you favor chiropractic schools teaching "electro-therapy"?	48%	855	931	1786
25. Do you favor chiropractic schools teaching "radionics"?	30%	491	1151	1642
26. Do you favor chiropractic schools teaching massage?	63%	1144	661	1805
27. Do you favor chiropractic schools teaching "foot correction"?	74%	1323	477	1800
28. Do you favor chiropractic schools teaching diet?	90%	1667	194	1861

1931: According to Turner (1931, pp. 98-99):

## Louisiana Restrictions

In Louisiana so drastic are the restrictions that at the present time the profession is barely represented within its boundaries. The state constitution declares that any person who **diagnoses** or treats or attempts to cure any disease or deformity of any human being by any method or modality or other means shall be considered as practicing medicine and must secure a license from the state board of medical examiners in order to so practice. In

addition, the medical law states that the court shall issue an injunction of both temporary and permanent nature in event of the violation of the act. The Supreme Court of Louisiana and the United States Supreme Court (State vs. Walter W. Fife, 1927) have held the practice of chiropractic to constitute the practice of medicine within the meaning of this act.

If a chiropractor opens an office in Louisiana he is arrested and jailed without trial upon the complaint of any person to the court, parish or district, and the court is compelled under the decision of the two higher courts to issue a temporary injunction.



If the chiropractor sees fit to adhere to the ruling a date is set for a hearing to determine if the injunction shall be made permanent. If the defendant persists in practicing he is imprisoned for contempt of court. The law has been rigidly enforced for many years. Dr. Harry Gallaher, secretary of the International Chiropractic Congress, was arrested twenty-seven times between 1914 and 1919. He was the only chiropractor who succeeded in remaining in the state for such a period of time...

1931 (Feb): **Chirogram** (Vol. 6, No. 12):

-Willard Carver writes "Object to your answer to the question, "When Was **Minor Surgery** First Introduced in Chiropractic Colleges? by K.M., Texas." (p. 10):

First Aid, Minor Surgery, Surgical **Diagnosis**, and Obstetrics were taught in Carver Chiropractic College of Oklahoma City, Oklahoma, from November, 1906, until the present day, and it is intended to continue in the good work. This correction is from the man who has been continuously dean of the institution aforementioned from its founds. **Willard Carver**

-see also **Chirogram** (1930 (Nov); 6(9):10)

1932 (Feb): the **Journal of the International Chiropractic Congress** [1(3)] indicates a circulation of 12,000 (p. 6); (NCA/UCA folder):

-"Book Reviews" (p. 4) includes "Disease Diagnosed by Observation of the Eye," compiled by F.W. **Collins & Associates**, Newark NJ

1932 (Apr): **Journal of the International Chiropractic Congress** [1(5)] includes:

-reprint of "Diagnosis vs. Analysis," an editorial by Thorliff H. Halstein, D.C. from the February 1932 issue of **The Hawkeye Chiropractor** (p. 22):

The Chiropractic laws in most licensed states require that a Chiropractor be trained and examined in the subjects of symptomatology and diagnosis. It was not put in there for a show. The states demand that we shall know something about these subjects because they must be used by every doctor in his practice. The courts have upheld this contention.

#### U.S. Supreme Court Decision

The supreme court of the United States has declared diagnosis to be a part of the practice of the healing arts, even of systems that do not deal with the administration of remedies, but with mechanical adjustment of parts of the human body. In *Collins vs. Texas*, 223 U.S. 288-294, etc. Justice Holmes, speaking for the court said: "The plaintiff in error professes, as we understand it, to help certain ailments by scientific manipulation affecting nerve centers. It is intelligible, therefore, that the state should require of him a scientific training. He, like others, must begin by a diagnosis." (*Dent v. W. Virginia*; *Watson v. Maryland*; *Peo. V. Jordan*, reference numbers on file).

The Wisconsin Supreme Court held in the case of *Knechler v. Volgman* that Chiropractors, even when unlicensed, must exercise skill in diagnosis. It further held that the fact that they had no license do not exempt them from, but makes them liable to all penalties and liabilities for malpractice, and ignorance on the part of such persons shall not lessen such liability. Further it held:

"The fact that Chiropractors abstain from the use of words like diagnosis, treatment, or disease is immaterial. What they hold themselves out to do is to treat disease, and the substitution of words like analysis, and adjustment does not change the nature of their act." (*Comm. V. Gimmerman*, 221 Mass. 184.)

Here we have supreme court decisions to the effect that Chiropractors diagnose and must do so in their practices, unless they want to violate their license and weaken their case in

malpractice suits. Now a movement is under way to induce Chiropractors to disregard methods of diagnosis, to ask the patient no questions, to give him no examination whatever, but just run an instrument down his spine, claiming that this is not to diagnose. It becomes our duty to warn our practitioners that if they follow this narrow procedure of examination, they are apparently violating their license and supreme court decisions. Such willful negligence of a duty placed upon us by our license and supreme courts, cannot but serve to weaken our professional standing and security and endanger our license. Are we willing, can we afford to take such chances when neither we nor our patients are particularly benefited thereby? Reviewing our law and pertinent supreme court decisions the conclusion inevitably must be drawn that spinal instruments can be used only as a part of a general careful diagnostic procedure.

1932 (June): **Journal of the International Chiropractic Congress** [1(7)] includes:

-William C. Schulze, M.D., D.C., president of National College of Chiropractic, authors "Abnormal pregnancies: a treatise on the difficulties of diagnosis" (pp. 5, 16)

-"News Flashes: Oklahoma" (p. 13):

Chiropractors of Oklahoma in the future will be required to study four years instead of the present three and must take examinations in four additional subjects – physiotherapy, laboratory **diagnosis**, obstetrics and gynecology – before they will be permitted to practice in Oklahoma under action taken by the state board of examiners of which Dr. C. Sterling Cooley is president.

The new requirements become effective August 1st. The Carver Chiropractic College is already making preparations for the addition of the new subjects and an additional year of instruction, according to Dr. Cooley. Other colleges of the nation must make similar arrangements if their graduates are to practise in Oklahoma.

1932 (Oct 16): Carl S. Cleveland, Sr., D.C. writes to Harry E. Vedder DC (Cleveland papers, CCC/KC):

Dear Doctor Vedder:

Your letter of October 1st at hand. I note your acceptance also your Comments. Personally, I see no reason why consideration of such a subject in a Convention is less constructive than through Publications. In the Convention, Chiropractors are in on the display of weaknesses, etc. In the publications, all people, including enemies, are in on it as well. Its consideration in the Convention surely would not be more objectionable.

My purpose in suggesting such a feature was that it would be a good Program feature, and would arouse interest. I was very sure that you would have made a very creditable showing, and made many friends for Dr. Veder and Lincoln College. I was firm in that opinion or I would not have suggested it. I believe that our opinions in the main coincide with your opinions on the subject involved. Naturally, if I did not believe that you could do credit to that cause, I would not have suggested it. The reason, I mention this is that the tone of your letter seemed a wee bit critical.

Dr. Slocum and I discussed this feature in advance. He was also of the opinion that it would have been the greatest guarantee possible of a successful Convention. He was of the opinion that B.J. would not accept. However, neither of us contemplated any criticism from Dr. Vedder.

However, it is all over now. My only reason for bringing up the subject was that I thought that I was being misunderstood in the matter. **Because of my past admiration for B.J.**, I believe

you boys yet feel that I might not give the Lincoln boys a square shake. That is not true.

**While I am a bit old fashioned and prefer the language Chiropractic Analysis to Chiropractic Diagnosis**, and Recoil Adjusting to Diversified Technique, I feel that we have the same cause and the same problems. I consider you Lincoln Boys mighty constructive thinkers, and am looking forward to future years of constructive, cooperative effort in Chiropractic with you men. I notice that you are speaking on "The Significance of Spinal Surface Temperature" at the Congress Meet. While I did not know the name of your subject until I saw it in the Congress Journal, I want you to know that we are looking forward to hearing it and promise you a good crowd.

At the meeting of the group of schools, do you have any suggestions as to what should be discussed. There are surely ideas as to how to get students that could be exchanged to mutual advantage.

With every good wish to you and yours, I am, Yours most sincerely...

1933 (Mar): **The Chiropractic Journal** (NCA & ICC) [1(3)] includes:

-Arthur T. Holmes, NCA Chief Counsel, edits "Good morning, Judge!" (p. 29); which includes "the Colorado Situation" by Hon. Frank Winter, NCA Associate Counsel, and:  
GONSTEAD OF WISCONSIN

The case of Allan Wang vs. Merton and Clarence Gonstead was tried on January 23rd to 28th before the Hon. A.O. Zimmerman, Circuit Judge for Dane County and a jury. Wang set forth in his complaint that the defendants were registered chiropractors and that he had gone to them for treatments for tuberculosis; that they had in their treatments improperly diagnosed his disease and failed to discover Potts disease from which he began to suffer sometime about November of 1931; that they continued to adjust him and that because of their failure to diagnose the Potts disease and send him to physicians or surgeons for proper treatment that his health has been greatly impaired and that he suffered therefrom.

The answer was a general denial. The plaintiff testified that he was stricken with tuberculosis of the lungs about 1927, was sent to a Sanitarium in Northern Minnesota and discharged after about six months; that thereafter his condition continued to grow worse and that he sought to be treated by the defendants after medical science had failed to cure him. The defendants adjusted him over a period of about two years prior to April of 1932. Under cross-examination he was compelled to admit that his condition grew constantly better under their treatments and adjustments and that he had repeatedly recommended them to his friends and neighbors and had stated to people that the defendants had saved his life.

When the defendants discovered the Potts disease through the presence of a marked kyphosis in the vicinity of the first lumbar region about November of 1931 there was such a breaking down of the bone that they recommended that he go to a hospital to be placed upon a stretcher or frame. The defendants testified that the plaintiff kept returning to them for treatments thereafter because the adjustments relieved his suffering. The plaintiff was compelled to admit that he did seek to have other chiropractors adjust him after his action for damages was started and he admitted having sent one of his friends to the Gonsteads shortly before the trial and after the action had been started to ask them if they would give him some further adjustments. The plaintiff attempted to prove negligence by a member of the Medical School, but was not permitted to do so by the court. The case was submitted to a jury upon a special verdict and the jury unanimously concluded after a few minutes deliberation that there

was no negligence whatever in the diagnosis of the treatment of the plaintiff.

The action was brought for the sum of twenty-five thousand dollars. The plaintiff was represented by Conley & Conley of Mineral Point, Wisconsin, and by the firm of Richmond, Jackman, Wilkie & Toebaas of Madison. The defendants were represented by Lawrence J. Brody, N.C.A. Counsel of La Crosse, Wisconsin.

1933 (May): **The Chiropractic Journal** (NCA & ICC) [1(5)] includes:

-“News flashes: North Dakota” (p. 16):

#### THE NEW LAW IS EXPLAINED

For the benefit of those who do not know what No. 117 is we furnish herewith the sum and substance of the Bill. Each student before taking examination must present a certificate of **four years high school and two years of College or University work**, or its equivalent; and take the Examination in Anatomy, Physiology, Symptomatology, Diagnosis, Nerve tracing, Dietetics, Chiropractic orthopedia, Chemistry, Pathology, Bacteriology, Gynecology, Chiropractic philosophy, Chiropractic jurisprudence, and Adjusting as taught by Chiropractic Schools and Colleges. To present a certificate of resident course of three years of eight months each, or its equivalent. This law will not affect those in schools and graduating before January, 1934.

Any chiropractor who has complied with the provisions of this act may adjust any displaced tissues of any kind or nature and practice **Physiotherapy, Electro-therapy, and Hydrotherapy** as taught by Chiropractic schools and colleges; but shall not administer medicine internally, nor perform surgery, nor practice Obstetrics...

1934: according to Beideman (1983):

Howard [founder of National] wrote in his memoirs in 1934, "It has always been a sore in my eye to see how some who profess to be disciples of D.D. Palmer have tried and still insist on narrowing the science down to a simple technic. In the early days it was necessary to protect the 'child' (as D.D. was wont to refer to his Chiropractic) by evasive terminology in order to avoid the chill and ice of the law and 'analysis' was used for **diagnosis**, 'adjustment' was employed for treatment, 'pressure on the nerve' was used for reflex stimulation or inhibition, etc. These terms were garments to protect the child until legal clothing could be secured."

Unfortunately, altogether too many pioneers in chiropractic began to believe this "evasive terminology" to be the gospel. Not so, Howard.

1934: **Announcements, 1934** (for 1933-34) of the non-profit **College of Chiropractic Physicians & Surgeons (CCP&S)**, formerly **SCCC** and before that (1925-1929) the **Cale College of Chiropractic**, of Los Angeles:

-also notes courses taught in Chiropractic Theory and Technic department, including Chiropractic Philosophy, Palpation, Spinal Analysis and **Diagnosis**, Chiropractic Technic, Professional Ethics & Clinic; department composition:

1935 (July): **The Scientific Chiropractor** (Vol. 1, No. 2) lists J Nickleson as Editor-in-Chief; published by **National-Affiliated Chiropractors of California (NACC)** at 1102 Foreman Bldg, LA; officers of the NACC are: (p. 3)

-article by DP Webb DC "Abdominal diagnosis" (p. 7, 22)

1935 (July 19): **National College of Chiropractic** awards a certificate to J.N. Haldeman, D.C. for "Post-Graduate Course of Study" in "Principles and Practice of Chiropractic,

Unitary Technique, Physio-Therapy, Colonic Therapy, Dissection, Laboratory **Diagnosis**, Physical Diagnosis, Gynecology, Eye, Ear, Nose and Throat, X-Ray and First Aid and Minor Surgery"(Haldeman papers)

1935 (Nov 12): Jerome F Fontana DC, sec'y of the MO **BCE**, writes to Carl S. Cleveland, Sr., D.C. to congratulate him on the good grades Cleveland College students earned on the state board; inquires of CS: "It has been suggested, at our last Board meeting, that in the future, examination questions should be asked pertaining to General Diagnosis of the various conditions of the Heart and Lungs. We would appreciate hearing from you in regard to this proposed suggestion"; also on MO **BCE** are TC Oyler DC, president, Roy M Keller DC, Louis J Geers, treasurer, and **LH Trotter DC** [?of the Trotter Sanitarium?? related to EA Trotter DC?] (Cleveland papers-CCC/KC)

1936 (Jan): **NCA's The Chiropractic Journal** (5[1]) includes "What chiropractic has accomplished in health restoration: A summary of a nation-wide survey involving nearly 100,000 cases (93,039) made by the **Chiropractic Bureau of Research and Review**, Indianapolis" (pp. 23, 42); lists diagnoses and "Percentage of recovery" for dozens of disorders; notes:

Only the most common ailments are listed here. **Lack of space** prevents giving the entire range of conditions successfully handled by Chiropractic methods. This information was compiled by the **Chiropractic Bureau of Research and Review** and is available in printed form through **Burton Shields Co., Ind.**

1936 (Apr/May): **Sho-me** [1(2, 3)], edited by Thomas F. Maher, D.C. at 3518 N. Grand Blvd, St. Louis and published by International Chiropractic Research Foundation (ICRF); includes:

-Thomas F. Maher, D.C. authors "Importance of physical examination" (pp. 4, 14)

1936 (Aug 21): **Lincoln Chiropractic College** awards a "Six Weeks Post Graduate Certificate" to JN **Haldeman** for instruction in "Physical Diagnosis, Dietetics, Transillumination, Urinalysis and the Technic of Scientific Spinal Correction" (Haldeman papers)

1936 (Aug/Sept): **Sho-me** [1(6, 7)], edited by Thomas F. Maher, D.C. at 3518 N. Grand Blvd, St. Louis and published by International Chiropractic Research Foundation (ICRF):

-George A. Gibson, D.C. of Galesburg IL authors "Diagnosis of cardiac lesions" (p. 5)

1936 (Dec): **Logan Basic Technique Bulletin** [1(1)], edited by Hugh B. Logan, D.C., includes:

-Hugh B. Logan, D.C. authors "A tribute" (p. 7), which is obituary for Joy M. Loban, D.C.:

A neat little brochure came to hand today, no doubt designed to console friends insofar as possible; our friend and teacher, Joy M. Logan, passed from our midst on July 15, 1936, at Burbank, California.

**Joy M. Loban**, a sincere exponent of Chiropractic, died at the age of forty-nine years, primarily as the result of an accident, secondarily, as the result of crude, massive adjustment of the sacrum from posterior aspect.

Dr. Loban began his professional career in 1909 as an instructor of palpation and Chiropractic technique, and it will be interesting to know that it was he who initiated the practice of

counting vertebrae, a radical departure in those times from dependence upon an appreciation of sectional spinal distortions only.

Dr. Loban blazed the way to a consideration of **diagnosis as a necessary subject** in the Chiropractic student's training. He was dean of the faculty of the Universal Chiropractic College when I enrolled as the rawest of freshman rookies, was a rigid taskmaster, but was always honest in his Chiropractic convictions.

He has written several books, "Chiropractic Technique," a really scientific compilation of that time, and his "Neurology," which surpasses anything of its kind within the realm of Chiropractic texts even today, among others.

Dr. Loban joined the faculty of the Universal Chiropractic College in 1910, later effected the amalgamation of that school and the Pittsburgh College of Chiropractic, which he managed successfully for many years. He was active in the formation of the American Chiropractic Association, which later amalgamated with the National Chiropractic Association.

Twenty years' acquaintance permits me to conclude that in prosperity and adversity, Dr. Joy M. Loban gave more unselfishly and received less from Chiropractic than any other I know, and it is truly regrettable that the demoralized state of our profession prohibits a fitting tribute to his memory, or appreciation for the sacrifices so willingly made by his good wife and children.

Certainly those favored by his friendship, instruction, and advice, are better chiropractors, men and women, no matter what differences of opinion might have existed otherwise.

I trust that our distorted and mutilated Chiropractic records in this case may be complete and correct, in the interest of one to whom his every student owes much.

A victim of the mad penchant for prescribed massive thrusts upon vertebrae, in this instance designed to move the sacrum anterior, Dr. Loban suffered the effects for years, or until the date of his death.

Dr. Loban came into and went out of Chiropractic expecting from others only a part of that which he gave, and despite our turbulent scholastic and political affairs, was charitable even to his traducers.

He was an honest believer in what he preached – Chiropractic.

1936-37: "College of Chiropractic Research Foundation; Year Book Catalogue 1936-1937; 4490 Lindell Blvd. St. Louis, MO"; **earliest known Logan College catalogue** (Logan Archives):

#### SOPHOMORE YEAR

Semester	
Anatomy	90
Hygiene (Public Health)	45
Pediatrics	45
Physiology	45
Pathology	45
Physical <b>Diagnosis</b>	90
English (Composition – Rhetoric)	45
Chiropractic Philosophy	45

1937 (Aug): **Journal of the ICRF** (formerly **Sho-me**) [2(1)], edited by Thomas F. Maher, D.C. at 3518 N. Grand Blvd, St. Louis includes:

-cover page ad for ICRF's "5th Annual Assembly" at Hotel Jefferson in St. Louis during 25-29 August 1937

-Thomas F. Maher, D.C. authors "The Heart Program" (pp. 2, 26); includes:

During the past several years I have observed a fast surging diagnostic movement throughout the profession. The chiropractors are rapidly becoming physical-examination



conscious and are striving hard to equip themselves in a very proficient manner...

1937-38: Logan Basic College of Chiropractic catalogue; cover photograph/sketch:

- "Student Information" (pp. 12-6):

PHYSICAL DIAGNOSIS A course in physical diagnosis will be in accord with the most modern developments obtainable, and will include lectures and demonstrations, practical exercises in the technique of physical diagnosis, and the interpretation of signs elicited by inspection, palpation, and auscultation.

1938 (Jan/Feb): **Associated Chiropractic Colleges of America News** [1(1)], published by Carl S. Cleveland, Sr., D.C., includes (Cleveland papers, CCC/KC):

- "Specialization in the Chiropractic Curriculum, By **C.W. Weiant**, B.S., D.C., Professor of Chemistry and Physiology, **Eastern Chiropractic Institute**" (p. 4):

Throughout the years, you have read much from the pen of Dr. **C.W. Weiant**. He is a research man. For years he was Chairman of the **Bureau of Research, American Chiropractors Association**. Month in and month out, you have read his Science Sidelights in the **N.C.A. Journal**. You have learned to respect his storehouse of Knowledge. Dr. **Weiant** offers a splendid outline for Specialization in Chiropractic Colleges. We are fortunate in having Dr. **Weiant** give the NEWS his scientific contributions.

The steady trend toward longer and longer professional courses leading to the degree of Doctor of Chiropractic raises the problem of exactly how the additional time required may be spent to the greatest advantage to the student, the school, and chiropractic in general. At first, this situation was met by more detailed instruction in the fundamental subjects around which the curriculum is built: anatomy, physiology, diagnosis, etc. This was, of course, desirable, particularly in view of the strides being made in such rapidly developing and important fields as nutrition, endocrinology, and physiology of the nervous system. In addition, many schools added certain auxiliary or supplementary subjects like bacteriology, dermatology, jurisprudence, and office procedure. Of late, the tendency seems to be more and more in the direction of laboratory instruction, with emphasis on the techniques of laboratory diagnosis. The question which I would like to raise for discussion at this time is whether the standard curriculum of the future should become definitely fixed along this line.

To be sure, chiropractors have frequently been criticized for failure to gather, for scientific purposes, all the objective data on their cases which it is possible to get. For many types of cases, the laboratory record is the only adequate one. It is equally true, however, that the successful chiropractor will never have time to do his own clinical laboratory work, and that what he has learned of these techniques will soon be forgotten. His needs can be fully met by teaching him only the principles involved in these techniques and the interpretations of the results. Who, then, should serve the profession in this field? In small communities the Chiropractor often finds that he can enlist the cooperation of a local physician for this work, and this casual contact is just enough to win the toleration of an otherwise unfriendly competitor. In large centers of population a very different situation sometimes prevails. So-called ethical laboratories, medically controlled, absolutely refuse to accept and report upon specimens submitted by the chiropractor or his patient, with the result that the chiropractor has no recourse but to patronize the commercial laboratories, which may or may not offer a dependable service. These laboratories, moreover, are very likely

to give advice, either directly or indirectly, which is favorable to medicine.

Obviously, the solution of this problem, as Dr. **Kightlinger** and I realized some years ago when we launched the urine analysis service with chiropractic interpretation, of the **Eastern Laboratories**, is to create laboratories of our own. A number of laboratories of this sort are now in operation, but there is undoubtedly room for many more in strategic points throughout the country, and these laboratories should be in the charge of men and women who are both chiropractors and trained laboratory technicians.

Here, then, is a legitimate field for specialization within the chiropractic curriculum. Let those who feel that they are by temperament and choice best fitted for such a career receive the training they need. The equipment required to teach a few, rather than the many, enormously simplifies the problem of financing such a program. At the same time, material is then available for demonstration in the classroom, so that all students can readily follow the theoretical instruction. Many will, I am sure, disagree with me, but it seems to me that rather than compel every student, in the long run, to pursue an extensive and for the most part, useless training in the diagnostic laboratory, it would be more profitable to allow those who prefer to do so, to direct all their energies into other channels.

For example, some may wish to devote themselves to spinography. No one will deny that this subject has been tremendously complicated as a result of the introduction of new techniques in spinal analysis and adjusting, - and what a superb tool of research the spinograph can be in the hands of competent investigators! Every Chiropractic School should be endowed with scholarships for spinographic research. Here is a second field for specialization within the curriculum, and it need not be all laboratory work. I have found senior students exceedingly willing to assist in the preparation of statistics from spinograph reports, an undertaking which has only just begun.

Senior students could also be set to work on a comparative study of the findings obtained with the various instruments of spinal analysis. As yet we cannot say authoritatively to what extent these methods can be correlated, nor to what extent one is justified in depending upon one method to the exclusion of all others. Incidentally it may be noted that all of the instruments represent the application of some principle of biophysics. Why not arrange to make biophysics itself a special branch of training and research? No science is more likely to yield secrets of real value to the Chiropractor.

As time goes on, we receive an increasing proportion of superior students. If we insist on shoving them all blindly thru the same mill, giving no attention to individual talents and abilities, we shall have committed an unpardonable blunder, and chiropractic will be unnecessarily retarded by many years, in its development. Therefore, I say, let us seek means of providing for a certain degree of specialization within the framework of the three or four year curriculum.

1938 (May): **The Scientific Chiropractor** (3[12]), published by National-Affiliated Chiropractors of California, includes:

- R.C. Howe, D.C., secretary-treasurer of NACC, authors "Here's how! Your Amendment" (p. 5); notes objections of Dr. Mitchell of the Pasadena School of Chiropractic and T.F. Ratledge, D.C. of RSCS; notes that CCA has been inactive for past year; proposed new law would make Secretary of BCE a full time position, authorize BCE to examine and approve schools, raise curriculum minimums to 4,000 hours in four years of nine months each, authorize DCs to "diagnose and treat diseases," prohibit price advertising,

increase renewal fees, and authorize DCs to sign birth and death certificates

1938 (Nov): William A. **Nelson** DC, secretary of San Francisco branch of **National-Affiliated Chiropractors of California**, authors reports on meeting at Palace Hotel on October 1&2, 1938 (Nelson, 1938) *The Chiropractic Journal* (NCA); among the presenters were:

-WA **Budden** DC of **Western States College**, Portland, on "Diagnosis and care of heart conditions"

1939: "Joint Report of the **Council of State Examining Boards** and the Committee on Educational Standards" adopted at the NCA convention in Dallas, to be effective 1 September 1941 (in my FCLB folder):

In full spirit of tolerance and with an earnest effort to meet the schools' particular problems, the joint committee of the National Council of Examining Boards and the N.C.A. Committee on Educational Standards present the following code:

**PHYSICAL EQUIPMENT:** The school should own or enjoy the assured use of buildings or rooms sufficient in size and number to provide lecture rooms, class laboratories and clinic facilities for the number of students enrolled. They should meet the public health and sanitary requirements of the community in which located and should be of such in character as will not reflect discredit upon the profession where located.

There should be a library of modern text and reference books easily accessible to the student body.

**EQUIPMENT:**

1. Adjusting Tables – at least one to every four students in the class.
2. Diagnostic Equipment – Stethoscope, Sphygmomanometer, thermometers, eye, ear, nose and throat equipment should be adequate and available in sufficient numbers to accommodate the class.
3. Charts, manikins, anatomical, embryological, and pathological specimens or stereoptician, balioptican, or micro-projectors or similar equipment should be employed for effective teaching purposes, and available for student reference
4. The school must have available adequate X-Ray laboratory for effective teaching purposes.
5. There must be an adequate chemical and bacteriological laboratory with sufficient equipment to accommodate the class and provide for effective teaching.
6. Wherever incorporated in the curriculum, there should be sufficient physiological modality equipment for teaching purposes.

**FACULTY:** The school should have a competent teaching staff, and it shall be graded on the basis of education, training and successful teaching experience.

Future faculty appointments must be made only from those who have graduated from schools approved by this code or from other professional colleges or universities approved by their respective rating boards, except that in the clinical departments appointments may be made from those who are graduates of a professional school or who are by reason of experience and training exceptionally well qualified to teach their subject.

No faculty member may instruct in more than two pre-clinical departments.

It is recommended that whenever possible pre-clinical subjects shall be taught by full time instructors. A full time instructor is one who devotes the major portion of the working day to school activities.

Clinical subjects may be taught by part time instructors.

The question of full time and part time appointments I not, at this time, as important as the qualifications of the instructors, who should be specialists or well trained and qualified in the lines they are teaching.

#### PRE-REQUISITE FOR ADMISSION:

1. Age – the admission of candidates should be governed by the fact that each student be not less than 21 years of age at the time of receiving his degree.

2. Education – All candidates must furnish proof of having completed a high school education or its equivalent acceptable to a Department of Education of a state, territory or province, provided that students who lack high school credits may, at the discretion of the admitting officer be enrolled and permitted to make up before graduation such deficiencies to the satisfaction of a department of education of a state, territory or province.

3. Character – All candidates should be required to present evidence of good character and general fitness, the evidence of which should be investigated and duly weighed by the school concerned.

#### CURRICULUM

The course shall be grouped as set forth in the following schedule, each group to be allotted approximately the percentage of hours of the whole number of hours in the course.

	Approx. Per cent	
<b>PRECLINICAL SUBJECTS</b>		
Anatomy, including Embryology & Histology	18%	
Physiology	6%	
Pathology and Bacteriology	12%	
Biochemistry	4%	
Hygiene & Sanitation	4%	
Obstetrics & Gynecology	4%	
Diagnosis, including X-Ray	18%	66%
<b>CLINICAL STUDIES</b>		
Chiropractic Principles, Technique & Practice	19%	
Theory & Principles of Physiological Modalities,	15%	34%
or Other elective subjects		
Total		100%

Standard text books only should be used. The practice of teaching exclusively by notes or quiz compends must be discontinued.

**LENGTH OF COURSE:** Effective September 1, 1941, schools shall conduct a course of four years of eight months each of not less than 3600 hours.

**ADMISSION TO ADVANCE STANDING:** No student may be admitted except at the beginning of a semester.

For one school year after the effective date of this code full credit may be granted to applicants from other schools. Thereafter, students from other schools may be admitted to advance standing with such credits as may be determined by the admitting officer. However, all students admitted to advance standing must spend at least one year in the school before being graduated.

**FINANCIAL ABILITY:** No school should expect to secure approval which can not demonstrate its ability to at least graduate its freshman class.

1939 (Sept): **National Chiropractic Journal** [8(9)] includes:

-Gordon M. Goodfellow, D.C., N.D., chairman of NCA committee on education, authors "Educational standards – official code adopted by House of Counselors" (pp. 13, 54) (in my Nugent file); includes:

During the past several years, there has been much discussion and some controversy regarding educational standards and what should be considered a fair and reasonable basis of approval for a Chiropractic school or college.

At the Dallas convention, the House of Counselors of the NCA, adopted a code which had been prepared and approved by the **Committee on Educational Standards**, appointed by the NCA, and the Committee appointed by the **Council of State Examining Boards**.

The adopted code is the basis upon which all Chiropractic schools and colleges will be recognized in the future. In order that all may be informed of the action taken in Dallas, the joint report of the **Council of State Examining Boards** and the NCA Committee on Educational Standards is published herewith:

In a full spirit of tolerance and with an earnest effort to meet the schools' particular problems, the joint committee of the National Council of Examining Boards and the NCA Committee on Educational Standards present, for your consideration, the following code:

**Physical Equipment:** The school should own or enjoy the assured use of buildings or rooms sufficient in size and number to provide lecture rooms, class laboratories and clinic facilities for the number of students enrolled. They should meet the public health and sanitary requirements of the community in which located and should be of such in character as will not reflect discredit upon the profession where located.

There should be a library of modern text and reference books easily accessible to the student body.

**Equipment:** 1. – Adjusting Tables – at least one to every four students in the class.

2. – Diagnostic Equipment – Stethoscopes, Sphygmomanometer, thermometers, eye, ear, nose and throat equipment should be adequate and available in sufficient numbers to accommodate the class.

3. – Charts, manikens, anatomical, embryological, and pathological specimens and/or stereoptican, balioptican, or microprojectors or similar equipment should be employed for effective teaching purposes, and available for student reference.

4. – The school must own an adequate X-ray laboratory for effective teaching purposes.

5. – There must be an adequate chemical and bacteriological laboratory with sufficient equipment to accommodate the class and provide for effective teaching.

6. – Wherever incorporated in the curriculum, there should be sufficient physiological modality equipment for teaching purposes.

**Faculty:** The school should have a competent teaching staff, and it shall be graded on the basis of education, training and successful teaching experience.

Future faculty appointments must be made only from those who have graduated from schools approved by this code or from other professional colleges or universities approved by their respective rating boards, except that in the clinical departments appointments may be made from those who are graduates of a professional school or who are by reason of experience and training exceptionally well qualified to teach their subject.

No faculty member may instruct in more than two pre-clinical departments.

It is recommended that whenever possible pre-clinical subjects shall be taught by full time instructors. A full time instructor is one who devotes the major portion of the working day to school activities.

Clinical subjects may be taught by part time instructors.

The question of full time and part time appointments is not, at this time, as important as the qualifications of instructors, who should be specialists or well trained and qualified in the lines they are teaching.

**Pre-requisite for Admission:** 1. – Age – The admission of candidates should be governed by the fact that each student be not less than 21 years of age at the time of receiving his degree.

2. – Education – All candidates must furnish proof of having completed a high school education or its equivalent acceptable to a Department of Education of a state, territory or province, provided that **students who lack high school credits** may, at the discretion of the admitting officer be enrolled and permitted to make up before graduation such deficiencies to the satisfaction of a department of education of a state, territory or province.

3. – Character – All candidates should be required to present evidence of good character and general fitness, the evidence of which should be investigated and duly weighed by the school concerned.

**Curriculum** – The course shall be grouped as set forth in the following schedule, each group to be allotted approximately the percentage of hours of the whole number of hours in the course.

	Approx. Per cent.		
Preclinical Subjects			
Anatomy, (Embryology & Histology)	18%		
Physiology	6%		
Pathology and Bacteriology	12%		
Biochemistry	4%		
Hygiene & Sanitation	4%		
Obstetrics & Gynecology	4%		
Diagnosis, including X-ray	18%		
			66%
	Percentage of Clinical Subjects		
Clinical Subjects			
Chiropractic Principles, Technique & Practice	60%	19%	
Theory & Principles of Physiological Modalities, or Other elective subjects	40%	<u>15%</u>	<u>34%</u>
	Total		100%

Standard text books only should be used. The practice of teaching exclusively by notes or quiz compends must be discontinued.

**Length of course** – Effective September 1, 1941, schools shall conduct a course of four years of eight months each of not less than 3600 hours.

**Admission to Advance Standing:** No student may be admitted except at the beginning of a semester.

For one school year after the effective date of this code full credit may be granted to applicants from other schools. Thereafter, students from other schools may be admitted to advance standing with such credits as may be determined by the admitting officer. However, all students admitted to advance standing must spend at least one year in the school before being graduated.

**Financial Ability:** No school should expect approval which can not demonstrate its ability to at least graduate its freshman class.

1939 (Dec 11): letter to Carl S. Cleveland, Sr., D.C. from T.C. Oyler, D.C., Secretary of the Missouri State Board of Chiropractic Examiners; thanks CS for time spent at CCC/KC; encloses opinion of Attorney General concerning illegality of DCs' diagnosis of dental problems (Cleveland papers, CCC/KC)

1940 (Nov): **National Chiropractic Journal** [9(11)] notes: -"Chiropractic education: the day of short professional course is over" by **Craig M. Kightlinger** DC, president of **Eastern Chiropractic Institute** (pp. 9, 56):

...We are for the longer course and have a 4 year course of 9 months each. We also maintain a 3 year course of 10 months



each. We wish to give them more. We desire to teach in detail the following subjects: bacteriology, philosophy, psychology, neurology, orthopedy, pathology, symptomatology and **diagnosis**, anatomy, histology, physiology, hygiene, chemistry, gynecology, obstetrics, analysis, palpation, technique of adjusting, adjusting service, spinography, nerve tracing, first aid, dietetics, toxicology, jurisprudence, ethics, public health and we feel that even 3 years of 10 months each is not sufficient to teach them as thoroughly as we would like to in order that they may graduate as properly qualified Doctors of Chiropractic.

1941 (July): **National Chiropractic Journal** [10(7)] includes:  
-“News flashes: Florida” (p. 39; in my Arizona file):

ARE VICTORIOUS IN LEGISLATURE

Florida chiropractors have won three victories. They have put through two bills in the recent legislative session and won favorable decision from the Attorney General on the Workmen’s Compensation Act. These victories show what organized and concerted effort can do. And the men who bore the great burden in this accomplishment deserve a great deal of credit and commendation.

The first bill to pass was an Educational Bill that requires all chiropractors holding a Florida license to attend a two-day educational session or convention once each year in order to renew their license.

The second, briefly outlined, re-defines Chiropractic and gives us broad and liberal privileges therein. It gives us the right to adjust, manipulate and treat with physical, mechanical and electrical means, the use of light, heat, and water, the right to use foods, food concentrates and food extracts. We may, under this law, apply first aid and hygiene. In **diagnosing** we have the privilege of using any and all methods from instruments to X-rays, the use of state laboratories, etc. And in the final paragraph, “that no chiropractor shall advertise prices for his services.” – Reported by Dr. Wm. E. Budreau, NCA State Director, Miami, Florida.

1941 (Oct 17): letter from Fred J. Carver, D.C. of Wichita KS, brother of Willard Carver, LL.B., D.C. (Logan Archives; in my Carver file):

Dr. D.C. Reese, D.C.  
1607 North West 10th St.  
Oklahoma City, Okla.

Doctor Reese:- Since I do not know just how you plan to use the “biography” you request in your letter of Oct. 15th., the best I can do is give it to you and let you pick out the part that you want to use.

Born April 24th, 1882 near Nassau, now Gibson, Iowa, of pioneer Yankee parents. Just ten miles away was What Cheer, Iowa. A mining town, where one D.D. Palmer kept a grocery store and bought farm produce, and where one Willard Carver, being then a farm boy, hauled the farm produce and sold it to D.D. Palmer.

Chiropractic resulted from the acquaintance thus formed, for the two men discussed many things together during the years. Later D.D. Palmer moved to Davenport and in time discovered Chiropractic. Willard Carver attended Drake University as a law student and became an attorney.

My Mother’s youngest brother, “Uncle Howard” Nutting to all old time Palmer graduates, was a close neighbor and lasting friend of the Palmers. It was he who spread the news to us on the farm that Chiropractic had been discovered and insisted upon my Mother being one of the first few patients.

Willard Carver was called in as an attorney, when D.D. Palmer had his first legal trouble. He was cleared but lost his school. Then Uncle Howard, helped B.J. to get the school started

on a sound financial plan but before they got all arrangements made, Willard Carver had started Carver College, having obtained a State Charter for it, making it the first Chartered school of Chiropractic in the world.

Just over in Missouri a little way, the Osteopaths had established their College, so I often say that I was born in No Man’s Land, of the Battle of Techniques. All the time I was growing up I heard many heated arguments on the comparative value of techniques and methods of practice and because I had been constantly under medical care up to the time I was twenty four years of age, continually getting worse with a kidney trouble, finally terminating in acute Bright’s disease and the Medical man’s final report to the family that I had less than twelve hours to live, I was naturally skeptical of all doctors and their methods.

Dr. Willard came along, just in time, and started me on the road to recovery. When I was twenty six, in 1908, I began the study of Chiropractic at Carver College, graduated in 1909 but stayed and studied, teaching in the clinic department, all told five years. Began the development of “The Postural Method of Chiropractic **Diagnosis** and Adjusting” in the summer of 1911. Taught it to classes, mostly post graduate, while I was developing it. Finally presented it in its completed form in 1934 at the Annual Kansas State Convention. Presented it first in a national way at the Annual National Chiropractic Association Convention, held that year, 1935 at Hollywood, California. Published the work in textbook form and copyrighted it in 1938.

Finding a fundamental basic foundation, from which all Chiropractic, and other drugless techniques, could be harmonized, to simpl[ify] our method of practice, yet make it more uniformly resultful, has always been my hobby. The Postural method will do just that if the profession will study it, thru the medium of two important phases of our work that has been almost entirely overlooked.

Those two important things are “motion” and “range of movement.” We cannot see “motion,” when we can “see” what we have always believed to be motion, what we actually see is “range of movement.”

If we have in our body, from conception to maturity, “constant normal motion,” which can only be produced by a constant and uninterrupted out-flow of life-force, from the brain, to all parts of the body, then we will have perfect health, with all of the bodily functions working normally, including “possible full range of normal movement,” of every vertebrae, organ and part.

In order to be normal, and this is where the doctors who diagnose by X Ray will become interested, every vertebra must have normal range of movement, in three distinctly different directions, combined. The X Ray “sees” in only one direction and does not register movement at all and there is where the greatest part of our technique troubles have come from.

It is my hope now, to interest X Ray men in an attempt to make their machines picture the distortions, as they actually occur, which is by abnormality of range of movement. It will require entirely new X Ray technique and methods of taking pictures, for now they are taking only “stills.” If we can get them to accurately picture disturbance of range of movement, by intentionally picturing each of the six extremes of range of each vertebra that is pictured, then the results will indeed make a house-cleaning in the twenty thousand or more techniques, now in use.

I am not fighting anybody but I am sure boosting all I can for practical Chiropractic methods of practice and I am strong for discarding the many unnecessary, useless and dangerous techniques now in use. Let us go back and pick up the fundamentals we should have had forty years ago. The old threadbare story of the blind men who went out to “see” the elephant, applies to our profession as well now as it did forty

years ago, but now we have the basic fundamentals of motion and range of movement, that will serve to make each of the five blind men, "see" the entire elephant at once. There is nothing to lose, all to gain.

Sincerely,...

1944 (Jan): **National Chiropractic Journal** [14(1)] includes:

-John J. Nugent, D.C. authors "Congressional hearings on Tolan bill: rebuttal of Dr. John J. Nugent, NCA Director of Education, to testimony of medical witnesses" (pp. 17-19, 48); includes:

Editor's Note: At the House Judiciary subcommittee hearing on the Tolan Bill Nov. 10, representatives of the A.M.A., following the usual pattern, argues that chiropractors were not adequately educated to treat human ailments. In support of their position they quoted from an article written by Dr. John J. Nugent, NCA Director of Education, and published several years ago in the *National Chiropractic Journal*. This article was a criticism of Chiropractic education and a plea for higher standards. We are pleased to publish here Dr. Nugent's rebuttal, taken from the committee hearing record. Dr. Nugent participated in the hearing as a representative of the NCA.

-----

Mr. Chairman and gentlemen of the committee:

The right of the chiropractor to practice is not an issue here, nor are the educational requirements for licensure an issue. These questions were decided by the legislatures of forty-six states and territories. The time-worn arguments presented here today have been paraded in every state of the Union. In spite of them practically every state in the Union and Congress itself have licensed Chiropractic physicians.

The only question here is: Shall employees of the United States Government, when suffering from compensable injuries, be permitted to consult licensed Chiropractic practitioners?

That is the only question here and the medical opponents of this bill should not be permitted to becloud the issue. However, since they have injected the subject of schools into this hearing it may be important to pursue it.

#### **Chiropractic Education Improved**

An article written by me and published in "The Chiropractic Journal" criticizing our Chiropractic schools has been introduced here and much has been made of it. If this has been done in an attempt to embarrass me or the proponents of this bill it has failed of its purpose. My article is a frank criticism, made in the privacy of our professional journal.

The conditions which I criticized in my article have been substantially corrected. A uniform curriculum and a standard course have been adopted through the cooperation of the Committee on Educational Standards of the National Chiropractic Association, the National **Council of State Examining Boards** and the National Council of Educational Institutions. This standard requires that all colleges to be accredited must maintain a minimum curriculum comprising 3,600 hours in a four-year course devoted to the following basic subjects:

Anatomy: Descriptive, dissection, histology and embryology.

Physiology: Lecture and laboratory.

Chemistry: Inorganic, organic, physiological.

Pathology and bacteriology.

Hygiene, sanitation and public health.

Principles and practice of Chiropractic, including technic, laboratory **diagnosis** and **physical diagnosis**.

Obstetrics and gynecology.

The hours to be devoted to these subjects are essentially the same as required in accredited medical colleges. (It is understood, of course, that the medical curriculum does not include a study of the principles and practice of chiropractic.)

A college accrediting system has been set up. Practically all of the schools of the country have been inspected and a list of accredited colleges published.

All of this has been accomplished in the short space of three years. Compared with the educational progress of other professions this constitutes a remarkable achievement when we consider that Chiropractic education is only thirty years old. It has been accomplished by self-criticism and an awareness of our needs.

#### **Self-Criticism a Good Sign**

When an individual no longer has the moral strength or the character to criticize himself then, indeed, is he hopeless. So it is with a profession. When conceit in imagined perfection takes the place of humbleness and self-appraisal then, indeed, is the moral fibre weak. This is a lesson to be learned by us not only as individuals but collectively.

Every profession in this country has from time to time indulged in self-criticism. It's a good sign. Quite recently the legal profession has gone through a period of revising its educational standards. Throughout the country legal scholars have raised their voices in criticism of the deficiencies of legal education. The dental profession is still in the throes of adjusting its schools to modern standards. The osteopathic profession is struggling with its problems.

No profession, particularly medicine, which has needed and received so much help from outside sources in the form of educational direction, philanthropy and state-aid can afford to forget its lowly educational origins, nor can it afford to criticize those who by honest self-criticism are making a painstaking effort to correct their deficiencies.

#### **Early Medical Education Sordid**

Does the history of medical education give the medical profession a special mandate to criticize others?...

-John J. Nugent, D.C. authors "Chiropractic Education" (pp. 21-3, 51), which reprints text from introduction to his 1941 **Chiropractic Education: Outline of a Standard Course** -includes "School Code of the National Chiropractic Association, adopted July 27, 1939" (22-3, 51)

1944 (Apr 8): letter to Carl S. Cleveland, Sr., D.C. from James N. Firth, D.C., president of the Lincoln Chiropractic College (Cleveland papers, CCC/KC):

Dear Dr. Cleveland:

Your order for one "Chiropractic Diagnosis" of March 31 has been received. I am sorry to advise you that the present edition of this text has been exhausted, and at the present time we feel it inadvisable to reprint the book. Should this be done in the near future, we shall be pleased to advise you accordingly.

The **Lincoln College contemplates adopting Hughes' "Practice of Medicine" as a substitute**. The book has been enlarged, but is still concise and sets forth the essential material in simple form.

With very best wishes I am, Very truly yours...

1946 (May): **JNCA** [1946; 16(5)] publishes:

-Marcel **Gillet** DC, President of the Belgian Association, 81a Rue de la Loi, Brussels, reports (pp. 58-9)

Dear Dr. Rogers:

We have the pleasure of announcing the creation of a Belgian Research Centre, which becomes a branch or subsidiary of the **Chiropractic Research Foundation**. This Centre will impart to the Foundation any and all information it may acquire and will profit in like manner of all or whatever help the Foundation can give it.

The officers of the Belgian Research Centre are: General Director, Dr. Marcel **Gillet**; technical director, Dr. **Henri Gillet**; secretary, Dr. Fernande DeMey; research associates, Drs. Morris Liekens, Henri Poeck, Paul deBrochgrave, and August DeBier.

So far the Centre has functioned unofficially since 1942 and has during this interval formed committees on the following subjects: (1) Suggestions for a proper research program and proper research training; (2) a contribution to the study of locomotion (Biomechanics), normal and abnormal, general and spinal, and in its pathological, symptomatological, etiological, **diagnostic** and corrective aspects.

This last committee was divided into (a) the study of locomotive or mechanical misalignments (distortion, displacements, etc.), general and spinal; (b) the study of locomotive tenderness, (pain, hyperesthesia, sensation, etc.), general and spinal; (c) the study of locomotive stiffness (limitation of motion, fixation, immobilization, etc.), general and spinal; (d) a fourth study on the other possible locomotive or mechanical symptoms, spinal and general.

These committees have already done some excellent research and are getting ready to coordinate their efforts and findings to present same to the Research Foundation in the near future. Not that they pretend to have exhausted the subjects (for that would take hundreds of workers, time, money and energy), but that they have perhaps contributed something to the solution of the questions arising.

In closing we want to state that our financial adherence to the **Chiropractic Research Foundation** will have to wait until the monetary exchange is reestablished. However, we do want you to know that all of you, the officers and creators of the **Foundation**, your so able director,...???

1948 (Sept): **National Chiropractic Journal** [18(9)] includes:

-Martin R. Stone, D.C. of Chicago authors "Solves diagnostic problem" (p. 52)

1949 (Dec): **Research News!** (published by IBTRI, of which VFL is president) includes:

-"Dr. Firth publishes new text on diagnosis" (p. 2):

We have just received the latest edition on Chiropractic Diagnosis, published by Dr. J.. Firth, President of the Lincoln College of Chiropractic, Indianapolis, Ind.

It is one of the finest text books on Diagnosis we have ever seen, and is being well received by the profession.

1949 (Dec): **Journal of the National Chiropractic Association** [19(12)] includes:

-"News flashes: Louisiana" (pp. 54, 56):

#### CHIROS FACED WITH INJUNCTIONS

An application for injunctions against four Orleans parish chiropractors to prevent them from engaging in the "practice of medicine" in Louisiana will be heard Nov. 29 in Judge Luther E. Hall's division of civil district court.

The injunction against the four Orleans chiropractors and one in Jefferson parish was applied for by the Louisiana state board of medical examiners, which charges the defendants with engaging in "the business of diagnosing, treating, curing, or relieving bodily or mental diseases" without having obtained a certificate or permit to practice medicine in this state.

The Orleans parish chiropractors named are Dr. M.J. Adams, Dr. S.G. Beatty, Dr. H.G. House, and Dr. C.W. Williams.

An application for injunction against Dr. R.E. Stewart of Metairie has been set for hearing Nov. 25 in 24th Judicial District court in Gretna.

Dr. Williams said he and the other four men would fight the accusation that they are practicing medicine. He said chiropractic "is a separate and distinct science" and that practitioners of it "do not treat, diagnose, or cure."

"We adjust the spinal column for the purpose of removing impingements in the spinal column so that nature can restore health," he said. He added that chiropractic is carried on without the use of drugs and surgery – that it is not the profession of medicine, nor is it taught in medical schools.

1950 (Jan): **JNCA** [20(1)] includes:

-**Henry C. Harring** DC, MD, president of Missouri Chiropractic College, authors "Modern Trends" (p. 28, 56, 58):

Ever since the organization of the Missouri Chiropractic College in 1920, we have felt the need for a clinic where patients could have access to the best facilities and treatment that chiropractic can offer. This being **an institution where all techniques are recognized and taught**, we are very much concerned about the student's having an opportunity to apply the system that he finds most effective. To make this possible a building has just been purchased, immediately next door to the college building, containing approximately four thousand square feet of floor space, which will be devoted in its entirety to a clinic.

The first floor will be arranged into small adjusting rooms and treatment rooms for such therapy as may be indicated, while the second floor will be arranged into **diagnosis** rooms and a laboratory. In diagnosis equipment we are determined to have the best so that the patient has the same advantage that he enjoys when taken to a recognized hospital. This gives the student an opportunity to observe and aid in the method of procedure used. Primarily we are interested in making a **complete chiropractic diagnosis** with the aid of the X-ray, palpation, and visual observation and then add to it what can be determined by the use of such methods as electrocardiograph, basal metabolism, hematology, bacteriology, etc. Plans are now being made to devote as much time to research in nutrition, effect of drugs on the nervous system, distortions and causes of nerve pressure as possible, so that we may support our arguments with facts...

1950 (Apr): **JNCA** [20(4)] includes:

-Herman S. Schwartz, D.C. authors "Beyond diagnosis" (pp. 22, 66)

1950 (Oct): **JNCA** [20(10)] includes:

-John D. Kieffer, D.C. of WSCC faculty authors "Laboratory diagnosis and its relation to other phases of chiropractic" (pp. 14-5, 60)

-Edward W. Munson, D.C. of DeLand FL authors "Differential diagnosis of backache" (pp. 31, 54)

1950 (Nov): **Journal of the National Chiropractic Association** [20(11)] includes:

-Waldo G. Poehner, D.C. authors "New approach to diagnostic roentgenology" (p. 30)

1951 (Feb): **JNCA** [21(2)] includes:

-"News flashes: Canada" (p. 48); includes:

#### DR. FRAME GUEST SPEAKER

The Niagara District Chiropractic Council conducted its regular monthly meeting Sunday, January 7, 1951, in the American Room of the General Brock Hotel, Niagara Falls, Ontario. The guest speaker in the afternoon was Dr. Forrest D. Frame, of Buffalo, N.Y., member of the National Council on Public Health and Research whose subject was "Poliomyelitis – Its Cause and Prevention." Dr. Frame emphasized that there is no



**foolproof diagnosis** of poliomyelitis in its early stages. Fatigue or injury causing lowered resistance within nerves and precipitating the events leading to the onset of poliomyelitis was stressed by Dr. Frame as the primary cause of the dread disease. It was emphasized by Dr. Frame that polio cases adjusted in their early stages do not develop paralysis. – Submitted by Lloyd M. Durham, D.C., secretary.

1953 (July): **JNCA** [23(7)] includes:

–“News flashes: Switzerland” (p. 58):

**FIRST STATE BOARD IN SWITZERLAND**

April 1953. For the first time since 1939, when chiropractic was legalized in the Canton of Zurich by the majority vote of the people, the Board of Examiners had to be concerned with the examining of its first two candidates. The Board consists of two medical doctors, two chiropractors, Dr. E. Siegrist and Dr. W. Beyeler, with a neutral chairman Chief Justice Dr. W. Kronauck.

The candidates became qualified for the examination after having fulfilled the following requirements: four years chiropractic college in the U.S.A. with successful passing of examinations and our State Board, and **one year as an assistant in Switzerland with a practicing chiropractor**.

The oral and written examination lasted several days and consisted of the following subjects: anatomy, physiology, pathology (symptomatology and diagnosis), fundamentals of chiropractic, general knowledge of roentgenology, and the interpretation of roentgenographs of the spinal column, diagnostic interpretation of diseases, and chiropractic analysis and technic.

Both candidates, Dr. Bossard and Dr. Keller, are to be congratulated for having passed the first examination successfully. Consequently, both are qualified in the Canton of Zurich to practice independently.

May their professional careers exhibit the highest ideals of the true principles of healing. – Submitted by Dr. E. Siegrist. (Translated by C.L. Lilley, D.C.)

1954 (Sept): **JNCA** [24(7)] includes:

–Kermit F. Smith, D.C., Lewis S. Tawney, Sr., D.C. and Adam Baer, D.C. author “We must adhere to a rigid code of ethics in our public education program” (pp. 18, 60); includes:

...The rules and regulations adopted by the [Maryland] Board of Examiners, June 1, 1949, covering this act state: “All those granted the privilege of practicing in Maryland must refrain from using, or causing to be used, advertising matter which contains misstatements, falsehoods, misrepresentations, or distorted or fabulous statements as to cures which cannot be consistently duplicated by the profession.”

The State Board of Examiners has been receiving increased numbers of advertising material within the past year that does not conform to the Chiropractic Code of 1949. Examples of such illegal advertising are: advertising material being sent to box holders; statements of cures; seeking to promote themselves above their fellow practitioner by advertising **diagnostic** procedure and technique.

The board has been exceedingly conscious of this trend, and during the past year has held a number of hearings on violations.

On December 17, 1953, the State Board of Examiners passed a resolution stating that all advertising material that is in question relative to conforming to the state law in the chiropractic code must first be submitted to the State Board of Examiners for approval.

1957 (Nov): **ICA International Review** [12(5)] includes:

–“Court orders Wisconsin D.C. to cease use of modalities” (p. 24):

Dr. Robert Grayson has failed to block Wisconsin state action that would prevent him from using machines to treat patients.

The state attorney general Stewart Honeck, sought an injunction in circuit court at Kenosha to stop Grayson from using certain practices which, the state contends, exceed the limits of his chiropractor’s license.

Honeck said the basic issue was whether Grayson could use “modalities” (machines) in the **diagnosis** and treatment of disease. The state contends that chiropractors are limited to hand adjustment of the spinal column.

After Honeck’s request for an injunction, Grayson filed an objection to the state’s action. Grayson objected on the grounds that the court lacked jurisdiction because the legislature had not specifically defined the limits of chiropractic practice in Wisconsin statutes.

The announcement that Grayson’s objection had been overruled was made Thursday by Atty. Gen. Honeck.

Circuit Judge M. Eugene Baker, in his decision, cited previous court rulings that a chiropractor was not a physician. He also pointed out that a licensed physician was authorized to practice in any medical field, and that a chiropractor must therefore be confined to lesser activity.

1961 (Nov 29): copy of letter on Logan College stationery from William N. Coggins, D.C., president (in my Lawrence file):  
TO WHOM IT MAY CONCERN:

This is to certify that according to the records of the Carver Chiropractic College on file in the Registration office of Logan Basic College of Chiropractic, Tom Lawrence, D.C. graduated from the Carver Chiropractic College on Sept. 30, 1938 and has the following 45 hours to his credit:

Histology	35
Anatomy	907
Physiology	235
Pathology	187
Hygiene & Sanitation	73
Chemistry	37
Physical <b>Diagnosis</b>	83
Symptomatology	156
Nutrition & Dietetics	33
Chiropractic Prin.	268
Adjustology	623
Jurisprudence	33
Total	2670

Further records indicate that Wilbern Lawrence, D.C., graduated from the Carver Chiropractic College on June 30, 1917. There are no credit hours available.

Very truly yours,...

WNC:jc

1963 (Aug): **JNCA** [33(8)] includes:

–H.F. Achenbach, secretary-treasurer of NCA, authors “National convention dedicated to professional unity and advancement” (pp. 9-22, 62, 64, 66-7); many photographs, including:



Dr. R.P. Beideman, director, Department of Diagnosis, National College of Chiropractic, spoke on the inclusion of postural diagnosis within physical diagnosis during the educational sessions.

1964 (May/June): **Digest of Chiropractic Economics** [6(6)] includes:

-“College reports” (p. 22, 24-5, 33, 40-2) includes:  
CANADIAN COLLEGE

TORONTO, CANADA – After a lapse of time during which more studies were made and more research conducted, Dr. A.R. Peterson of Davenport, Iowa, again visited the C.M.C.C. Dr. Peterson spent the last week of April at this College, during which time tests were run and presentations made to Committees for evaluation.

At this juncture, **only cautious statements can be made** regarding the Vasotonometer, but enthusiasm among those who witnessed the demonstration is running quite high. It appears that this method of **diagnosing** the neuropathy in any given case will bring us several steps closer to **actual demonstration of chiropractic as a science**. Not only that, it rationally substantiates the principles of our founder, the man whose insight as an anatomist and physiologist was much greater than our profession realizes.

Combining structural analysis via the Posturometer and the gravitational studies of Dr. Johnston with this later neurological approach, we feel is the next step forward in chiropractic research.

1965 (May): **ACA Journal of Chiropractic** [2(5)] includes:

- Herman S. Schwartz DC of Elmhurst NY, President of the ACA's American Council on Psychotherapy, authors "Psychological factors in diagnosis" (pp. 11-2, 43-4)
- article by Paul J. Adams, D.C. of Lafayette LA entitled "Trial of the **England** case": (pp. 13, 44)

For eight years we have labored agonizingly and prepared diligently in anticipation of the trial on the merits of the England case. That fateful moment is now history. The case went to trial March 22 and ran three days.

The usefulness of chiropractic was the central issue in the case. The corollary issue of equal importance was whether or not the requirement, that chiropractors possess a diploma from an accredited medical school teaching materia medica, theory and practice of medicine and surgery, and successfully stand an examination in these subjects was constitutionally permissible, as

a condition precedent to allowing chiropractors to practice in Louisiana. The **England** case involves a constitutional attack against the Louisiana statute making such a requirement necessary...

Dr. **Janse** was our chief witness and occupied the stand most of Monday....Accreditation of colleges prompted several questions. Etiology, **diagnosis** and treatment of most every disease problem came into the picture. Specific emphasis was placed on infectious and fatal disease processes, particularly those of great notoriety and fear-instilling quality, e.g., tetanus, polio, typhoid, cancer, etc. The subject of immunization was not ignored. Dr. **Janse** maintained his composure, forthrightness and dignity. We think his testimony was indeed an outstanding contribution.

Let me say parenthetically; the allopath who advised and oriented defense counsel throughout the trial has represented the Medical Society at the legislature for the past ten years. In preparing himself to oppose the chiropractic bills he has accumulated a library representative of most of the authors of books on chiropractic printed during the past thirty years. He gets both national journals and keeps up to date. He is astute, capable, and not intellectually dishonest. He was thoroughly prepared for his part in this trial...

When Mr. Simon learned at the pretrial conference that the book, **Anything Can Cause Anything**, by Dr. W.D. **Harper** of the **Texas College**, would be used by the defense he called Dr. **Harper** and asked him to be present at the trial...

The case concluded with his [Harper's] testimony. Mr. Simon described Dr. Harper's presentation as being the most dramatic courtroom scene he had ever witnessed.... (p. 13, 44)

1966 (Mar/Apr): **Digest of Chiropractic Economics** [8(5)] includes:

- A.E. Homewood, D.C., chairman of the Department of Principles & Practice at LACC, authors "Diagnosis vs. analysis" (p. 14)

1967 (July/Aug): **Digest of Chiropractic Economics** [10(1)] includes:

- Herbert Dill, D.C. of Watervliet NY authors "Chiropractic principle and diagnosis" (p. 26)

1967 (Sept): **JCaCA** [24(3)] notes:

- “CHIROPRACTIC LOSES A LEADER”; obit & photo for Earl Rich DC (pp. 8-9):

Dr. Earl A. Rich, President Emeritus of Lincoln Chiropractic College, died at his home in Indianapolis, Indiana on August 6, 1967 after a prolonged illness. He was 46 years of age and is survived by his wife, Mary, a son, his mother and a sister.

Dr. Rich attended Indiana University and was a 1942 graduate of Lincoln Chiropractic College. He spent three and one half years in the Army Medical Department serving as an X-ray technician and instructor. His association with Lincoln began in 1946 as an instructor and later as chief of roentgenology section until 1955, when he accepted the position of Secretary of the college. In 1962 he was advanced to vice-president and became president in 1965.

He was elected a diplomate of the American Board of Roentgenologists in 1958, appointed cineroentgenological research director of the American Chiropractic Association in 1962 and was a member of the American Chiropractic Council of Education. He authored "Radiography and **Diagnostic** Roentgenology," and "Atlas of Clinical Roentgenology." He was a member of the American Chiropractic Association, Masonic Lodge 312, Scottish Rite and the Shrine, Phi Delta Theta and

Delta Tau Alpha Fraternities, and held a fellowship in the International College of Chiropractic...

1968 (Mar 27): letter from Leonard W. Rutherford DC to Dr. Ted McCarrel, President, Cottey College, Nevada MO 64772 (Cleveland papers, CCC/KC):

Dear Ted:

In talking with Dr. Carl Cleveland the other day, he expressed the fear that subjects such as physio-therapy, physical therapy and minor surgery, etc., might be and undoubtedly would be strongly suggested by **Janse** as proper for a curriculum or electives on standards for the colleges, when you have the next meeting.

Enclosed copy for your information as an example of this little mixing college in Oregon. These underlined are of course medical subjects and would defeat the purpose of chiropractic accreditation as they are already recognized by the proper agency in the Office of Education.

With proper accreditation we can straighten out this Oregon law and others similar.

For your information also, Ted, only seven states allow by statue language the practice of physio-physical therapy by chiropractors:

Florida	Oregon
Nevada	Alaska
North Dakota	Kansas
Maryland	

Physical therapy, physio-therapy, electrotherapy, hydrotherapy, minor surgery, dietetics, eye, ear, nose and throat practice, **diagnosis**, etc., are practices other than chiropractic and must not be included ineither standard courses or electives for accreditation.

I trust this information is helpful.

Sincerely as ever,...

1968 (July): **Chirogram** [35(7)] includes:

-“Computerized diagnosis” (pp. 171-2); includes:

...Dr. Henry G. **Higley**, of the Department of Research at Los Angeles College of Chiropractic, is now conducting studies to adapt computer procedures to structural defects in the human body and to computerize certain aspects of chiropractic diagnosis...

1971 (Jan/Feb): **Digest of Chiropractic Economics** [13(4)] includes:

-Mark B. Van Wagoner, D.C. of Oxford MI authors “Automation in diagnostic laboratory” (pp. 34-5); several **photos**

1971 (Mar/Apr): **Digest of Chiropractic Economics** [13(5)] includes:

-Mark B. Van Wagoner, D.C. of Oxford MI authors “The urine test: automation in diagnostic laboratory” (pp. 28-30); several **photos**

1971 (May/June): **Digest of Chiropractic Economics** [13(6)] includes:

-William D. Harper, M.S., D.C., president of Texas Chiropractic College, authors “Diagnosis: a science or fiction” (pp. 28-30)

1971 (July/Aug): **Digest of Chiropractic Economics** [14(1)] includes:

-Mark B. Van Wagoner, D.C. of Oxford MI authors “Automation in the diagnostic laboratory” (pp. 28-9); notes that National College will be using automated diagnostic tests in research project

1971 (Sept/Oct): **Digest of Chiropractic Economics** [14(2)] includes:

-Mark B. Van Wagoner, D.C. authors “Automation in clinical laboratory blood studies” (pp. 24-6)

1971 (Nov/Dec): **Digest of Chiropractic Economics** [14(3)] includes:

-Mark Van Wagoner, D.C. authors “More blood chemistries involved in automated clinical laboratory studies” (pp. 28-30, 52)

1972 (Mar/Apr): **Digest of Chiropractic Economics** [14(5)] includes:

-Mark B. Van Wagoner, D.C. authors “Special blood chemistries involved in automated clinical laboratory studies” (pp. 32-3)

1972 (May/June): **Digest of Chiropractic Economics** [14(6)] includes:

-Mark B. Van Wagoner, D.C. authors “Microbiology – bacteriology in the modern clinical laboratory” (pp. 32-4)

-Robert Wiehe, D.C. authors “Chiropractic recognition through diagnosis” (pp. 53-4); includes photograph of Dr. Wiehe:



1972 (July/Aug): **Digest of Chiropractic Economics** [15(1)] includes:

-Mark B. Van Wagoner, D.C. authors “Modern clinical laboratory studies: serology and toxicology” (pp. 56-7)

1972 (Sept/Oct): **Digest of Chiropractic Economics** [15(2)] includes:

-Mark B. Van Wagoner, D.C. authors “Nuclear medicine diagnosis” (pp. 28-31)

1972 (Nov/Dec): **Digest of Chiropractic Economics** [15(3)] includes:

-Mark B. Van Wagoner, D.C. authors “Clinical laboratory study of the liver” (pp. 10-12)

1973 (Jan/Feb): **Digest of Chiropractic Economics** [15(4)] includes:



- Mark B. Van Wagoner, D.C. authors "Lipoprotein phenotyping – Fredrickson's typing" (pp. 44-6)
- F.W. Cox, D.C. authors "Prognostic importance of the electrocardiogram after myocardial infarction" (pp. 58, 67)

1973 (Mar): **ACA Journal** [10(3): 48-9] includes letter dated January 22, 1973 to Miss Carolyn S. Collins, Editor of the **ACA Journal of Chiropractic** from C.A. Hoffman, M.D., president of the **AMA**, in which he denies any positive sentiments toward chiropractic, and reiterates that ...Chiropractic is an unscientific cult whose practitioners lack the necessary training and background to **diagnose** and treat human disease. I, like others in the medical profession, recognize that chiropractic constitutes a hazard to rational health care because of the substandard and unscientific education of its practitioners and their rigid adherence to an irrational, unscientific approach to disease causation.

1973 (Mar/Apr): **Digest of Chiropractic Economics** [15(5)] includes:

- Mark B. Van Wagoner, D.C. authors "Clinical laboratory studies: Renal function tests" (pp. 20-22, 24-5)

1973 (May/June): **Digest of Chiropractic Economics** [15(6)] includes:

- Mark B. Van Wagoner, D.C. authors "Clinical laboratory studies: Distribution and study of body fluids and electrolytes" (pp. 68-74, 76-8)

1973 (Sept/Oct): **Digest of Chiropractic Economics** [16(2)] includes:

- J. Lamoine DeRusha D.C. authors "Differential diagnosis in disturbances of the back" (pp. 18-9); includes photograph of Dr. DeRusha:



- Mark B. Van Wagoner, D.C. authors "Miscellaneous laboratory studies" (pp. 26-8)

1974 (Jan/Feb): **Digest of Chiropractic Economics** [16(4)] includes:

- Mark B. Van Wagoner, D.C. authors "Laboratory studies" (pp. 26-8, 30-1)

1974 (Mar/Apr): **Digest of Chiropractic Economics** [16(5)] includes:

- Robert Wiehe, D.C. authors "Diagnosis, regulation and control of the patient in cardiovascular disease" (pp. 89-90)

1975 (Jan/Feb): **Digest of Chiropractic Economics** [17(4)] includes:

- William D. Harper, D.C., president of Texas College, authors "Medical diagnosis – a trap" (pp. 14-5, 17-8, 20-3)

1975 (Mar/Apr): **Digest of Chiropractic Economics** [17(5)] includes:

- Monte Greenawalt, D.C. authors "Detection and evaluation of the unstable low back" (pp. 30-3, 34)

1975 (Sept/Oct): **Digest of Chiropractic Economics** [18(2)] includes:

- Mark B. Van Wagoner, D.C. authors "American Society of Chiropractic Internists institutenew 360 hour course of study" (p. 49); includes **photo** of Dr. Van Wagoner

1975 (Nov/Dec): **Digest of Chiropractic Economics** [18(3)] includes:

- Richard H. Tyler, D.C. authors "A comprehensive diagnostic evaluation in just thirty minutes" (pp. 46, 48-9, 52); includes photograph of Dr. Tyler:



1976 (June): **LCC News** [1(1)] includes:

- "Delving into diagnosis" (p. 5):

Dr. John J. **Triano**, Chairman of the Logan College Research Committee, has announced initiation of a research survey entitled "Study of Chiropractic Diagnosis."

The purpose is to evaluate the procedures used by the clinicians at the College clinics to arrive at a diagnosis, the types of patients being seen at the clinics, the terminology used, and the degree of confidence the clinician possess in his abilities.

Conducting the survey will be Toby Watkinson who has multiple managerial background as well as graduate training in psychological testing.

The information will be used by the College as part of an evaluation of the entire educational program in terms of the confidence level and self-esteem of our final product, the Doctor of Chiropractic.

1977 (Mar/Apr): **Digest of Chiropractic Economics** [19(5)] includes:

- Ross D. Lyon, B.S., B.D., D.C. of Allentown PA authors "Must chiropractors diagnose?" (pp. 102, 127)

1977 (July/Aug): **Digest of Chiropractic Economics** [20(1)] includes:

-quarter page ad for **Arthritis Diagnosis** by Thomas A. Janes, D.C., F.I.P.C.I. (p. 78)

1978 (Feb): **FCLB Bulletin** includes:

-Vern R. Webster, D.C. authors "The President's Corner" (pp. 1-4); discussions of clinical competency; x-ray quality assurance, FCLB district realignment; "Status of American Students in Foreign College"; and:  
Sherman College

An unproductive attempt was made to ascertain if Sherman College was teaching all aspects of **diagnosis** and x-ray interpretation as they certify on National Board applications, but we were unable to get a direct answer to our questions from Dr. Gelardi...

1978 (Mar): **ACA Journal of Chiropractic** [15(3)] includes:

-Raymond T. Kern, D.C., ACA Director of Professional Affairs, authors "Iowa Board of Chiropractic Examiners issues declaratory ruling" (pp. 23-4, 26); includes:

"...It is a duty, incident to the practice of chiropractic, for a chiropractor to make a **diagnosis** of his patient's ailments and physical condition in determining the nature and manner of treatment to be employed or whether a chiropractic procedure should be employed..."

1978 (Mar/Apr): **Digest of Chiropractic Economics** [20(5)] includes:

-“Diagnostic x-ray bill signed into law in N.J.” (p. 4)

1979 (Feb 5): memo on FCLB stationery from FCLB president Vern R. Webster DC (FCLB Archives):

TO: ALL CHIROPRACTIC STATE BOARD MEMBERS

SUBJECT: Complaint of E.C. Dunton, D.C. relative to Western States Chiropractic College

In mid December, 1978, a letter addressed to “Dear Board Member” and signed “Yours in Peace” by E.C. Dunton, D.C. was received at my office. Enclosed was a copy of a formal complaint addressed to The Council on Chiropractic Education and material purporting to show that Western States Chiropractic College was in violation of CCE Standards. Additionally, other charges were made of a serious nature involving the college and their accreditation by the Commission on Accreditation of The council on Chiropractic Education.

A copy of these same charges and accusations by E.C. Dunton, D.C. was also sent to Dr. John R. Proffitt of the United States Department of Health, Education and Welfare.

On January 26, 1979, Dr. Richard H. Timmins, President of Western States Chiropractic College released to me, as President of the Federation of Chiropractic Licensing Boards, a copy of the College's response to the complaint filed with the CCE against them. After careful consideration of the exacting response, with accompanying documentation refuting each charge levied against Western States Chiropractic College, it is my recommendation that State Chiropractic Licensing Boards not give credence to allegations against the College by taking any action whatsoever until the Council on Chiropractic Education, as the official accrediting body of the chiropractic profession, has had the opportunity to properly process this complaint and has arrived at a decision.

Dr. George A. Dunn, President of the Board of Trustees for Western States Chiropractic College, has stated in the College's response to the complaint that, “the individual in question was fired from his position in March 1978.” And also states “it is further interesting to note that after leaving Western States Chiropractic College the individual concerned became a member

of the Sherman College of Straight Chiropractic Staff and is there today.”

Dr. Dunn further stated “the man in question was fired from W.S.C.C. because he did not support the CCE and conversely W.S.C.C.'s Standards, and **actively spoke against diagnosis** as well as holding a rebellious attitude toward his superiors and violating policies of the College in sheer defiance of authority.”

Another document in the packet released to me by Dr. Timmins is a copy of a letter dated March 27, 1978, addressed to Dr. George Dunn, Chairman of the Board, Western States Chiropractic College, and signed “Yours in Peace, E.C. Dunton, D.C.” The following are isolated quotes from that letter: “The sum of money mentioned (\$120,000.00) was from two sources,” and again further in the same letter, “in any event before we would be willing to put any money into the institution we would want to discuss with you the following points.” Under those points number 2 and 4 are: “Number 2) replacement of the current administration”; “Number 4) appointment of myself as Academic Dean.”

It is hoped this much information will alleviate any fears and misconceptions prompted by the wide distribution of E.C. Dunton, D.C.'s complaint until proper and substantiated processing can take place. Place yourself or your Boards in the position of receiving public censor for the price of .28¢ postage and a couple of printed sheets, and temper any decisions or actions with the patience necessary for proper and unbiased due process.

1979 (Mar/Apr): **Digest of Chiropractic Economics** [21(5)] includes:

-“Diagnosis and chiropractic” (pp. 68-70)

-Richard H. Tyler, D.C. authors “Correlating diversified diagnostic concepts” (pp. 76-80)

1979 (May/June): **Digest of Chiropractic Economics** [21(6)] includes:

-William C. Loomis, D.C., B.A. of North Kansas City MO authors: “Urinalysis: its interpretation and treatment of findings” (pp. 20-22, 108)

-“Non-diagnostic chiropractic group testifies that DCs are incompetent: News from the Council on Chiropractic Education” (pp. 38-9, 109)

1979 (June): **FCLB Bulletin** includes:

-Frank Hideg, D.C. authors “President's message, 1979-80” (pp. 1-4); notes that **Reginald Gold, D.C. spoke as representative of FSCO in opposition to CCE's application for renewal of recognition by USOE**; reviews FSCO and Sherman-ADIO challenges to CCE, notes Hideg, Mertz & Fay represented CCE at Washington, D.C. hearing of USOE; Gold's remarks include:

Most certainly the medical profession takes extreme exception to chiropractors pretending that they know when a patient needs medical care... To pretend a chiropractor in four years can accomplish what a physician learns in 12 years is an insult to the entire medical profession... Much **diagnosis** is dependent upon surgical procedures or chemical procedures. There is a need to use drugs in diagnosis, as well as surgical procedures... I would say to you I don't treat backaches. If you want to know what is causing your backache, you are in the wrong place...

-“Non-diagnostic chiropractic group testifies that DCs are incompetent” (pp. 9-15) reprinted “from A.C.A.”; notes dispute with Sherman, ADIO, FSCO and testimony to USOE; includes:

REPRINTED WITH PERMISSION FROM A.C.A.

Myths vs Facts

Myth: Sherman College does not want to be part of the CCE.  
 Fact: Sherman College's application for status was denied in 1975 for not meeting CCE Educational Standards.  
 Myth: Adio Institute is a school of higher education granting DC degrees.  
 Fact: Adio Institute cannot grant DC degrees under the laws of Pennsylvania.  
 Myth: Federation of Straight Chiropractic Organizations (FSCO) has a vast following in 23 states and two foreign countries.  
 Fact: "...our regular dues-paying members at this time would be somewhere around 600." (per Dr. Lois Berus, President, FSCO, March 14, 1979).  
 Myth: "A school which seeks CCE's accreditation is required to change its curriculum to add hundreds of hours of diagnostic training to meet their (CCE's) objectives." (per Dr. Reggie Gold, March 14, 1979).  
 Fact: Dr. Sid Williams of Life College has indicated that at no time has Life College been dictated to by the CCE or been commanded or compelled to function contrary to the college's will or its expressed desire to fulfill the objectives of the college (March 14, 1979). Dr. John Miller of Palmer College says that, "the subject area of symptomatology and diagnosis have in fact been a part of the Palmer College curriculum since its very early formative years."  
 Myth: "There is no circumstance in which a doctor of chiropractic can be a competent diagnostician." (Dr. Reggie Gold, March 14, 1979)  
 Fact: There is not a single state in the United States that does not require in some form or another examination in some form of diagnosis or related subjects. Many states require or impose an affirmative legal duty on chiropractors to make particular kinds of reports, regarding patient's health; such reports must be based upon a diagnosis...  
 -"Subcommittee Proceedings" (pp. 11-4) notes complications before USOE sub-committee created by testimony of medical doctors and Reggie Gold, D.C.  
 -undated letter (Spring 1979) on ICA stationery "Message from the Executive Offices of ICA to the membership" (pp. 16-9); notes support for CCE and opposition to Sherman/ADIO/FSCO testimony against CCE before USOE; signed by ICA President James E. Reese, Jr., D.C., ICA VP Robert L. Hulsebus, D.C., and ICA Chairman of the Board Joseph P. Mazzarelli, D.C.  
 1979 (July): **ACA Journal of Chiropractic** [16(7)] includes:  
 -Ralph J. Martin, D.C., N.D. of Sierra Madre CA authors "In memoriam: a tribute" (p. 58):  
 Dr. George H. Haynes, president emeritus of Los Angeles College of Chiropractic, passed away on May 5, 1979 at the age of 67...  
 Dr. Haynes was also instrumental in the formation of the ACA Council on Diagnosis and Internal Disorders, and helped develop the syllabus used at LACC for a council-approved course of study. Dr. Haynes also helped secure CCE approval of the course of study...

1979 (July/Aug): **Digest of Chiropractic Economics** [22(1)] includes:  
 -Orval L. Hidde, D.C., J.D., F.I.C.C. authors "Do chiropractors treat disease?" (pp. 80-1)

1980 (Mar): **ICAC Journal** [2(3)] includes:  
 -D.N. Kuhn authors "President's Message" (p. 2):

I have previously written that we face a serious threat to the preservation of our separate and distinct status because of the Council on Chiropractic Education (CCE). The CCE states in the introduction to its booklet that the scope of Chiropractic Education is to prepare the chiropractic student to diagnose, treat and consult and/or refer. With this kind of an education you will never know what chiropractic is."

1980 (May/June): **Digest of Chiropractic Economics** [22(6)] includes:

-C. Jacob Ladenheim authors "Non use of vascular diagnostic techniques – malpractice?" (pp. 36-7, 39)

1981 (Feb 18-22): minutes of "Proceedings of the 48th Annual Congress" in Reno NV; Frank Hideg, D.C. is president, Cynthia E. Preiss, D.C. is secretary-treasurer

-"International Chiropractic [sic] Association – Dr. James Reese, President" (pp. 27-9); includes:

...In 1967 I.C.A.'s political elements, Executive Committee, Board of Control, and Our Assembly, adopted the **Chicago definition of scope of practice**. This document had been drawn up, in November of 1965, by three officials from each of the National Associations. It was considered to consist of language that derived from case law relative to the statutes governing our profession. It was not so much what either group might ideally desire, but rather what the courts throughout much of the country had ruled in tests of varied state statutes. Successive administrations of the I.C.A., as well as our colleges have stated that agreement on the Chicago language would lead to unity of purpose and intent.

Since the I.C.A. officially adopted the document, as its own, it has reiterated, also officially, the I.C.A.'s position on **Chiropractic Diagnosis**. The I.C.A. supports the concept that the Chiropractor utilized his diagnostic and case management capabilities for four distinct purposes:

1. To determine whether or not his patient is a chiropractic case.
2. To monitor the effectiveness of chiropractic care.
3. To assist in accumulation of clinical data relating to the effectiveness of chiropractic services.
4. To help determine if the patient should be referred to another health discipline for further evaluation.

We in I.C.A. feel this a responsible position. Concern for the patient's right to good health through our services, or if not pertinent, recognition of his need for other care outside our traditional scope of practice. This attitude is incumbent upon each practitioner as a **primary health care provider**.

The responsibility toward the profession was recognized by B.J. Palmer and the Board of Control dating back to 1959 at which time a policy statement was drafted and signed by such Chiropractic stalwarts as B.J., Drs. Thaxton, Rutherford, Sherman, Napolitano and other members of the Board. The statement says in part:

"The Chiropractor should not remain mute and insensitive to the needs of the patient, when chiropractic patients require other therapy he should unhesitatingly refer such cases to those who are qualified to render such service by training and expertise. We cannot command the respect of the other professions if we, as chiropractors persist in trespassing in other fields of healing."

1984 (Jan/Feb): **Digest of Chiropractic Economics** [26(4)] includes:

-Malik Slosberg, D.C. authors "Understanding the role of diagnosis with the scope of chiropractic" (pp. 70, 72-3, 75)



1986 (Nov/Dec): **Digest of Chiropractic Economics** [29(3)] includes:

-Frank J. Nicchi, B.S., D.C., 1978 NYCC alum in Maspeth NY, authors "The importance of differential diagnosis in patients presenting with low back pain" (pp. 40-1); includes photo of Dr. Nicchi

1989 (Feb 22): letter to ICA from Jerome F. McAndrews, D.C. in Wheaton IL (ICA folder):

To Whom It May Concern:

Now that the most recent effort for unity in our profession has decisively failed – albeit that the majority, however small voted for it – it is timely to express hope for some future time when a greater amount of the profession's resources can be focused under one banner.

Had the unity effort succeeded and all chiropractors joined together in one association, even then the new association would only have been approximately equal in size to the combined memberships of Iowa and Illinois medical societies. As it is, neither chiropractic association can currently achieve for us and our profession – and our patients – what is needed.

As former Executive Vice President and board member of the ICA I have felt a great affection for the ICA and man of its "family." Of those in this group who remain in the ICA, this affection continues. But to me the ICA itself has become a battleground for the zealots in our profession, a happening that is distorting its role and is increasing the degree to which it no longer represents that which it claims as our traditions. It is at war with itself.

I had occasion recently to read a comment on zealots and was amazed to find its author reiterating in so many words a long-held belief of my own: the super straight movement in the chiropractic profession is an invention; not a reawakening of traditions. The article stated, "...Zealots are also wielders of the new; the tenacious desire to hold true to tradition is often so revolutionary that the tradition revived is unrecognizable. The basis of zealotry is extremism in two forms: One embraces tradition so vehemently that it effectively makes it over. The other defends what it has done with murder in its heart."\*

Even in B.J. Palmer's day, the graduate was required by law to report quarantinable and venereal diseases, a process demanding **diagnostic** procedures and conclusions. To argue otherwise is not only misleading, it's ludicrous. And yet, as the zealot's snowball rolls downhill, it picks up more snow, getting larger and larger even though based on the myth that diagnosis is not part of chiropractic practice.

We can be sure that the American Medical Association, along with the zealots, rejoices over the failure of the necessary two-thirds of the ICA membership to support unity.

A zealot recently spoke to a chiropractic student body and I'm told he said he was for "unity based on the subluxation." The listener should see such statements as self-aggrandizing; no such "unity" is possible and it is intellectually dishonest to discuss unity in a context where such unity is unlikely.

The ACA has for years supported many important activities in our profession; one example, 80% of the financial support of the CCE has traditionally come from the ACA, 20% from the ICA. And yet, the ACA only appointed two members (2/3) to the Commission on Accreditation of the CCE and the ICA one member (1/3). This disparate representation (ACA getting less than its financial support would warrant) was its contribution to unity and professionalism.

The ACA is a considerably larger organization, providing a "home" for all moderates within its membership. Its flexibility, at

this moment in our history is perhaps its greatest strength; the rigid, inflexible philosophies of the zealot cannot truly purport to represent, or to pretend to invite even the participation of the moderate.

The ACA agreed to unify on the basis of the document on which ICA tallied the vote on February 18, 1989. The majority of ICA agreed with that document. To discuss unity in another context – a virtually impossible one – dooms our students, our practitioners and our patients to more years of the same: a fragmented profession unable to effectively represent the interests of us all.

The ACA must now look to the future; to a goal of fifty million patients by 1995. We can help it meet such goals by putting our shoulders to the ACA wheel along with its current membership. My resignation from my ICA membership has such a goal in mind.

Sincerely,...

\*"Zealots with fear in their eyes." U.S. News and World Report, February 27, 1989

1991 (June): **ACA Journal of Chiropractic** [28(6)] includes:

-Edward L. Maurer, D.C., D.A.C.B.R. authors "Selected errors in insurance reporting" (pp. 69-71)

1994 (Apr 1): American Chiropractic Association releases a "Statement to Associated Press":

Over the years Dr. Sid E. Williams has been quoted as saying such diverse things as:

"...**If you got an improved homeostasis, what damn difference does it make what diseases you gonna be encountering.** The whole germ theory comes crashing down from its tower." Atlanta, July 1993...

The American Chiropractic Association stands firmly behind the scientific method and believes that scientifically based outcomes and other studies, as well as cooperation with other health care providers and basic scientists, offers the profession of chiropractic its best hope of fulfilling its obligations and responsibilities to the public it serves. Accordingly, the ACA rejects the actual or apparent unscientific bias of Dr. Williams as exemplified by the above cited quotations, as well as others...

1995 (Aug): **Journal of the ACA** [32(9)] includes:

-“NCMIC offers managed care credentialing program” (p. 17):

In response to increasingly more demanding practice requirements on DCs, the National Chiropractic Mutual Insurance Company (NCMIC) is co-sponsoring the first-ever Comprehensive Chiropractic Managed Care (CCMC) Self-Assessment Program with National College of Chiropractic and Northwestern College of Chiropractic.

“The growth of managed care organizations and integrated health-care systems is bringing about fundamental changes in the way health services are provided,” says Louis Sportelli, D.C., president of NCMIC. “To practice in this increasingly competitive, cost-sensitive market, doctors are often required to verify that they are qualified to be principal, first-contact professionals and are maintaining a high level of clinical competence.”

In support of this program, and to help its policyholders remain competitive, the program is being offered to NCMIC insured at a reduced cost. The price of the CCMC Self-Assessment Program is \$550.00, but DCs insured with NCMIC will pay only \$425.00. Refunds, up to the full cost of the program, are also being offered based on certain criteria, including the number of years a policyholder has been insured by NCMIC and when the program is completed.

Developed and published by Healthcare Education Associates (HEA) of Philadelphia, the CCMC Self-Assessment Program focuses on reinforcing the ability of principal, first-contact doctors of chiropractic to formulate a differential diagnosis, and to enhance care management and cost-containment skills. DCs who complete the program should be better prepared to deliver comprehensive, high quality, cost-effective patient care and to manage malpractice liability risk.

The program also fulfills the post-graduate, continuing education credentialing and quality management requirements established by many managed care and integrated health-care organizations. It is designed to be submitted for 20 hours of state-mandated continuing education credits, often a license renewal requirement. Additionally, since a high percentage of malpractice litigation is the result of alleged improper diagnosis, completion of the CCMC Self-Assessment Program can also protect DCs by helping to reduce the risk of malpractice liability.

For more information about NCMIC malpractice insurance or the CCMC Self-Assessment Program initiative, call 800-247-8043.

2003 (July 26): e-mail forwarded from J.C. Smith, M.A., D.C. (jcsmith@smithspinalcare.com):

Enjoy the following letter-to-the-Today's Chiropractic editor written by Garth Aamodt in regards to the profile of Ian Grassam. As you'll learn, Grassam and his "wolf pack" politicked to make Michigan into a limited-scope "pop and pray to Innate" only state, then he moves to Florida to enjoy the benefits of a broad-scope state. I found similar duplicity among the "super straight" crowd that preaches "detect and correct VSC only," but in their billings, they sneak in spinalators, Subluxation Stations, EMGs, or whatever they can get away with.

This response to my last commentary about the Wrongberg and the "VSC only" crowd from my friend, Dr. Dave Lenkewicz of Rhode Island reveals their hidden agenda clearly:

"Realize, that from where they stand, 'VSC only' is a foolproof way to practice and make lotsa bucks...Further imagine, striving for immunity from **diagnosis** of disease for malpractice sake [as Wrongberg does with his CBS insurance pitch], yet alleging VSC to be the root cause of all dis-ease for marketing. Their Philosophy is NOT dumb, it's brilliant!! They have found a way to beat the system, laughing all the way to the bank, and still call themselves doctors."

Indeed, this VSC only crowd wants to be primary access providers, but then they renounce **diagnostics**, they preach an anti-anything medical attitude (vaccines, meds, etc), and they want to limit all DCs to their narrow scope of practice. In effect, they're actually therapists who want the benefits of a doctor level status, and they will continue to obstruct any legislation beyond their "pop and pray to Innate" belief.

Nonetheless, enjoy Dr. Aamodt's analysis of the Michigan situation caused by the "wolf pack" of \$idiots like Grassam, Gregg, Ribley, and Hoffman, longtime DE dudes with processed hair!

----- Original Message -----

From: Dr. Garth Aamodt

To: editor@todayschiropractic.com

cc: Smith, JC

Sent: Thursday, July 24, 2003 3:44 PM

Subject: Article on Grassam

TODAY'S CHIROPRACTIC

Attn: Pattie Stechschulte;

Dear Editor;

I read your tribute to Dr. Ian Grassam on page 68 in your July/August 2003 magazine, TODAY'S CHIROPRACTIC,

published by Life College. It is of course difficult to speak honestly about the dearly departed without risking offense, but your report glossed over a few facts. At the risk of speaking ill of the dead, I could not ingest your praise of Dr. Grassam without expressing some counter points.

I have practiced in MI since 1982. We are still living with the effects of the wolf pack-Gregg, Hofman, Ribley and Grassam. Of course, as you should know, Michigan has undoubtedly the worst laws, and the least favorable scope of practice of all 50 states. This was not true until after we had been led to ruin, largely through the ultra-straight myopic vision of the men your article praises. Interestingly enough, after ruining this state for chiropractors, the wolf pack "packed" up and moved to Florida or elsewhere where they were no longer encumbered by the straight jacketed laws they left behind for the rest of us in MI.

You ironically state; "He (Grassam) was responsible for leading the changes in the laws." But you failed to point out that all those changes were terrible and resulted in MI having the dubious honor of being the worst state in the U.S. for chiropractors. In this state we have no ability to perform most exams, any physical therapy, nutrition, nor any adjunctive care at all. We can get paid for x-rays and spinal adjustments (9894\*) ONLY! We owe this legacy largely to men like Grassam, who abused their philosophy, raping the insurance companies with 45 second adjustments (as you point out of "400 patients a day"), over-utilization, eternal treating of asymptomatic clients, and a preaching that **diagnosis** was not a part of chiropractic. They so convinced the insurance companies and legislators that we were little more than "mechanics" rather than "physicians", that our scope has been narrowed to the point of strangulation.

And as for your lauding of their organizing the MCC-and pointing out that it is the largest ICA affiliated state organization-again, you miss the point. The MCC (now the MCA) is the smallest and least significant of our state groups and is inhabited largely by the DE nuts, and fringe lunatics who refuse to be drug out of the 18th century, holding on to the kind of anti-science, psycho-babble that landed their alma matter "Life" in the hot water it is still passing through.

Grassam and his kind were definitely zealous. He definitely had a "golden tongue". In these traits, you correctly credit him. But I would like to point out that these are the same traits possessed by snake-oil salesmen and Barnum & Bailey flim flam artists who could pack the circus tent with false cures, 3-legged midgets, the bearded-lady and other freak acts. I think we owe a debt of ingratitude to Ian Grassam, and the other blind guides who have led my state triumphantly to the bottom of the heap. Their leadership was flawed, their vision was cloudy, and their legacy is a travesty and a joke. Twenty years after they have moved on to greener pastures, Michigan is still a hiss and a byword among the nation's chiropractors. Your closing quote from his cohort, Ribley made me gag; "He was the chiropractor of the new-century type of thinking, and he saw that the chiropractic principle coming from a conservative approach was destined to change the world." Plleeaassee!!! Grassam (and the wolf pack) were the poster-boys of the fanatical fringe, whose legacy is carried on by other brilliant failures like Sid Williams-who single handedly destroyed Life College, and Terry Rondberg-whose money grubbing antics have become legend. How much proof does the fanatical fringe need to prove to themselves that their quasi-religious chiropractic fanaticism is ruining the profession? Most of us don't want to be affiliated with a "cult". Claiming to be doctors, while refusing the responsibilities that go with that title, is antithetical.

I hope Life College can pull their head out, before they go down the same path that Williams already took them down in the past. For God's sake, just look at Williams' attempt to extract every last drop of cash from the college even in his termination

and ruin, and then tell me how his "ultra-straight chiropractic theology" deserves pre-eminence in the newly reformed Life college! The man left claw scratches in the door jam as he was drug away! The man was after MONEY, pure and simple, and his philosophical extremism was a means to that end! Now that he's gone Life should embrace the opportunity to purge the lunatics and embrace the brave new world of ethical chiropractic. But when you praise the whackos of the past, like Grassam, Hofman, Gregg and Ribley, I rather suspect Life has still not learned its lessons. The legacy of these flawed philosophies are not in question. The facts are clearly before us and we do not need to debate where "Williamism", or "Grassamsim" or "Rondbergism" will lead us. We have the facts clearly before our very eyes! We in Michigan have learned our lessons by sad experience, and are amazed that the other 49 states still listen to these fanatics.

Garth Aamodt, D.C.  
Grand Rapids, MI

### References:

- Bader OC. Chiropractic diagnosis: an historical resume of interest to all. *The Chiropractic Journal* (NCA) 1937 (Nov); 6(11): 11-2
- Bader OC. Chiropractic diagnosis: an historical resume of interest to all. *The Chiropractic Journal* (NCA) 1937 (Dec); 6(12): 15-6, 54-5
- Bader OC. Chiropractic diagnosis: an historical resume of interest to all. *The Chiropractic Journal* (NCA) 1938 (Jan); 7(1): 24, 48
- Bader OC. Chiropractic diagnosis: an historical resume of interest to all. *The Chiropractic Journal* (NCA) 1938 (Feb); 7(2): 21-2
- Beideman, Ronald P. Seeking the rational alternative: the National College of Chiropractic from 1906 to 1982. *Chiropractic History* 1983; 3: 16-22
- Biggs, C. Leslie. *No bones about chiropractic: the quest for legitimacy by the Ontario chiropractic profession: 1895 to 1985*. Doctoral dissertation, University of Toronto, 1989
- Biggs, C. Leslie. "Hands off chiropractic": organized medicine's attempts to restrict chiropractic in Ontario, 1900-1925. *Chiropractic History* 1985; 5: 10-6

- Carver, Fred J. *The postural method of chiorpractic diagnosis and adjusting*. Wichita: the author, 1938
- Crider, Wayne F. Accredited colleges: definite action on standard curricula. *The Chiropractic Journal* (NCA) 1936 (Jan); 5(1): 10, 36, 38, 40
- Dye, A. August. *The evolution of chiropractic: its discovery and development*. Philadelphia: the author, 1939
- Flexner, Abraham. *Medical education in the United States and Canada*. New York: Carnegie Foundation, 1910 (reprinted 1967, Times/Arno Press, New York)
- Gibbons, Russell W. Chiropractic's Abraham Flexner: the lonely journey of John J. Nugent, 1935-1963. *Chiropractic History* 1985; 5: 44-51
- Hodgins, The Hon. Mr. Justice. *Report and supporting statements on medical education in Ontario*. Toronto: A.T. Wilgress, 1918
- Keating, Joseph C. *B.J. of Davenport: the early years of chiropractic*. Davenport IA: Association for the History of Chiropractic, 1997
- Keating JC, Callender AK, Cleveland CS. *A history of chiropractic education in North America: report to the Council on Chiropractic Education*. Scottsdale AZ: Council on Chiropractic Education, 1998
- Palmer BJ. *Conflicts clarify*. Davenport IA: Palmer School of Chiropractic, 1951
- Rehm, William S. Who was who in chiropractic: a necrology. In Dzaman F, Scheiner S, Schwartz L (Eds.): *Who's Who in Chiropractic, International*. Second Edition. Littleton CO: Who's Who in Chiropractic International Publishing Co., 1980
- Rehm, William S. Legally defensible: chiropractic in the courtroom and after, 1907. *Chiropractic History* 1986; 6: 50-5
- Smith EJ. Rational diagnosis. *National Chiropractic Journal* 1942 (May); 11(5): 10-??
- Sutherland, Donald C. Trial by fire: Canadian Royal Commissions investigate chiropractic. *Chiropractic History* 1985; 5: 26-37
- Turner, Chittenden. *The rise of chiropractic*. Los Angeles: Powell Publishing Company, 1931

